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Making People Care:

Can inducing empathic concern motivate desire to engage in social action on behalf of a
stigmatized group and their families?

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Abstract

Inducing empathic concern can improve attitudes toward a stigmatized group (Batson et al., 1997; Batson et al., 2002; Gleichgerrcht & Young, 2013; Todd & Burgmer, 2013). But, can improving attitudes translate into action on behalf of the group? Research suggests that feeling for a member of a stigmatized group can motivate one to help the group (Batson, Chang, Orr, & Rowland, 2002). This study used an empathy manipulation to examine the relationship between inducing empathy, improving attitudes toward, and motivating desire to engage in social action on behalf of a highly stigmatized group – offenders and their families. Participants completed a two-part online survey comprised of three measures, which assessed: (1) participants' empathic response to offenders and their families, (2) participants' attitudes toward offenders and their families, and (3) whether inducing empathic concern would increase participants' desire to engage in social action on behalf of offenders and their families. The results of this study revealed that participants' empathy levels for offenders and their families rose from before the empathy manipulation (pretest) to immediately after the manipulation (posttest), but fell 1-2 weeks after the manipulation (followup). Both experimental groups experienced increases in empathy levels regardless of which empathy manipulation (high vs. low) they received, indicating that simply engaging in this study impacted empathy levels. Further, the induction of empathic concern was not related to an increase in participants' desire to engage in social action on behalf of offenders and their families.

Keywords: altruism, empathy, empathic concern, families, incarceration, interventions offenders, prejudice, prisoners, prosocial, social action, stigma, stigmatization

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Making People Care: Can inducing empathic concern motivate desire to engage in social action on behalf of a stigmatized group and their families?

If you were to ask the average person what they think of when they think of the prison population, they are likely to respond that prison is filled with murderers, rapists, pedophiles, drug addicts, and other types of reprehensible individuals. The general population assumes that all offenders have committed violent crimes. In some cases, they may be correct in this assumption. However, majority of offenders in the prison system are serving sentences for mainly nonviolent drug offenses and will, ultimately, return home from prison (Arditti, Lambert-Shute, & Joest, 2003; Travis & Waul, 2003).

Offenders are the children, parents, siblings, and kin of countless numbers of individuals who are affected in different ways when family members are arrested, removed, and incarcerated (Travis & Waul, 2003). John Irwin (2003), internationally known sociologist, criminologist, and expert on the American prison system, argued that “dispelling the ‘Willie Horton’ image of the convict as a dangerous, violent predator” is of primary importance in any strategy to reintegrate former prisoners into society (xviii). Unfortunately the ‘Willie Horton’ image is still haunting offenders and their families, impacting their ability to successfully navigate through life during and after incarceration.

This study was born out of a desire to increase the likelihood of successful reentry into society for offenders, as well as the successful negotiation of life within that society for their families, by reducing the stigma against them. This study explored the possibility of reducing stigmatization against offenders and their families by inducing empathic concern in order to increase the desire to engage in social action on behalf of the group. Theoretically, reducing stigmatization against offenders and their families by

inducing empathic concern could serve to increase this population's access to services assisting in smoothing the road to reentry and generally increase the likelihood of successful reentry into and negotiation of life within the community.

Chapter 1. Literature Review

Mass Incarceration in the United States

Since 2002, the United States has had the highest incarceration rate in the world (Wakefield & Uggen, 2010). There are an estimated 16.1 million current or former felons in the United States, reflecting about 7.5% of the adult population (Uggen, Manza, & Thompson, 2006). In 1991, only 1.8% of the adult population had served time in prison (Bonczar, 2003). In 2001, the percentage rose to 2.7% (1 in 37 adults) (Bonczar, 2003). By the end of 2007, 3.2% (1 in every 31) of all adults in the United States were under some form of correctional control involving probation, parole, prison, or jail (Bonczar, 2003). The Department of Justice's Bureau of Justice Statistics (DOJ/BJS) has concluded that if incarceration rates do not decrease, approximately 6.6% of all persons born in the United States in 2001 will serve time in state or federal prison during their lifetimes (Bonczar, 2003). Incarceration on this scale is unprecedented. United States jail and prison incarceration rates are five to seven times larger than those of other nations of similar economic, social or demographic profiles (Walmsley, 2007). A major culprit of this dubious honor is mandatory minimum sentencing – fixed, often lengthy, sentences handed down to the court via the legislature that apply largely to nonviolent drug offenders (Scalia, 2001).

Mandatory minimum sentencing. The rate of incarceration in the United States remained stable for the 50-year period between 1925 and 1975, at around 125 persons

incarcerated per 100,000 persons in the population (Haney, 2003). But, between 1975 and 1995, the rate of incarceration rocketed five-fold to 600 persons incarcerated per 100,000 persons in the population (Haney, 2003). By 2001, it was close to 700 persons incarcerated per 100,000 persons in the population (Haney & Zimbardo, 1998; Harrison & Beck, 2002). These dramatic increases are not part of an international trend, but rather the result of the United States incarcerating more persons per capita than any other nation in the modern world (Haney, 2003). These inflated incarceration rates are directly tied to the implementation of mandatory minimum sentencing.

Mandatory minimum sentencing arrived as a consequence of a convergence of several legal and sociopolitical developments – particularly, the spiking of crime rates in the 1980s – causing the application of more punitive and accountability-based approaches, resulting in the jailing of more drug and other nonviolent offenders coupled with longer sentences for violent offenders (Arditti et al., 2003; Bales & Dees, 1992; Tonry & Hatlestad, 1997). The DOJ survey results indicate that more than 1 million nonviolent prisoners are incarcerated in the United States and that 87% of federal prisoners, 53% of state prisoners, and 74% of jail inmates were imprisoned for offenses that involved *neither harm nor threat of harm to a victim* (Irwin, Schiraldi, & Ziedenberg, 1999). Mandatory minimum sentencing puts more nonviolent people in jail and ensures that they will stay there for longer. For instance, by reducing judicial discretion, the possibility of an offender's extenuating circumstances, such as his or her family situation, to be considered by the court for early release is limited (Donziger, 1996; Wright & Lewin, 1998). Consequently, the unprecedented increase in the rate of

incarceration has added to the United States prison population and brought about widespread overcrowding (Haney, 2003).

Overcrowding. Overcrowding creates a ripple effect of negative impacts. It adversely affects conditions of confinement, is connected to victimization and health risks for inmates, compromises prison management, and greatly limits prisoner access to meaningful programming (Arditti et al., 2003; Haney, 2003). Also, overcrowding heightens the possibility of dangerous criminality in communities due to less prison space for violent offenders (Miller, 1996; Sabol & Lynch, 1997). It is important to remember that the dramatic increase in the prisoner population has been primarily policy-driven and not a result of increases in crime rates or the population (Haney, 2003).

In the last twenty years, there has been a significant increase in the number of Americans who have had contact with the criminal justice system. The most significant consequence of the prison building strategy of recent decades is that more prisoners are let out and returned to society than ever before (LeBel, 2012). Uggen et al. (2006) estimated that, based on demographic life tables, approximately 4 million former prisoners and 11.7 million former felons live and work among us every day. The sheer volume of people who have had contact with the criminal justice system returning to the community highlights the dire need to address the issues faced by prisoners and their families that are barriers to successful reentry.

Reentering the Community

In 2011, the United States DOJ reported that 688,384 people were released from state and federal prisons (Glaze & Parks, 2011). These ex-offenders are returning to the community with limited resources, but many needs (Rose & Clear, 2003). Immediately

upon release, ex-offenders need assistance in understanding, contacting, and obtaining services (Rossman, 2003). Failure to address offenders' needs for supportive services may hinder their abilities to reconnect with family members and obstruct successful negotiation of life in the community, increasing the likelihood of recidivism (Rossman, 2003). Unfortunately, the issue of smoothing prisoner reentry continues to receive minimal societal attention and resources.

Research suggests that exclusion of offenders and their families from the family agenda is linked to the fact that this vulnerable population is largely marginalized and stigmatized (Arditti et al., 2003), which is directly linked to a lack of available resources to this population. It is hypothesized that this resource drought is connected to citizens resenting money being spent on people that they perceive to have violated societal laws (Haney, 2003). Knowing the magnitude of offenders returning home each year, it is imperative to continue to gain a better understanding of the impact that stigma has on the lives of formerly incarcerated persons and their families (LeBel, 2012).

Understanding Stigma

Today, stigma remains a key concern for those interested in the social forces that shape life chances (Schnittker & John, 2007). This interest originates in Goffman's (1963) work on total institutions, as well as Scheff's (1966) exposition of labeling theory. Goffman (1963) defined stigma as a spoiled identity that discredits a person in society wherein discrimination is exercised, reducing their life chances. Goffman (1963) further described the discrediting impact of stigma:

While a stranger is present before us, evidence can arise of their possessing an attribute that makes them different from others in the category of persons available for them to be, and of a less desirable kind...he [or she] is then reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is stigma, especially when its discrediting effect is very extensive (p. 15).

According to Goffman (1963), the defining sociological feature of stigma is when an individual who might have been received easily in ordinary social circumstances possesses a trait that can inhibit our perceptions and turn us away from them, taking away the impact that any of their other attributes may have had on us.

Stigma theory. Goffman (1963) suggested that when we encounter these undesirable individuals, we construct a stigma-theory: An ideology to explain their inferiority and account for the danger they represent, which rationalizes animosity directed at these individuals. Research has shown that this animosity is present even in educated and well-meaning people, suggesting that this ability to judge is engrained deeply within us (Boag & Wilson, 2013; Goffman, 1963). Additionally, stigma is not limited to the offender, but is believed to spread from the stigmatized individual to those associated with him or her, contributing to an overall lack of support for the entire family unit (Goffman, 1963). The discrediting effects of stigmatization have triggered researchers to wonder where stigma comes from in the first place.

Labeling theory. Braithwaite (1989) argued that the concept of stigmatization comes from Scheff's (1966) original labeling theory. Scheff's (1966) original labeling theory of mental illness endorsed the labeling processes in the production of stable mental illnesses. Scheff (1966) proposed that the act of labeling is strongly influenced by the social characteristics of the labelers, the person being labeled, and by the social

situation in which their interactions occurred. Scheff (1966) asserted that labeling was driven as much by these social factors as it was by anything that might be called the symptoms of mental illness.

When applied to a person, a label can be described as a definition that identifies what type of person he or she is (Link & Phelan, 2013). Offenders and their families are not only dealing with the effects of the actual crime and incarceration, but also the effects of being labeled. Along with the possible increase in the likelihood of further criminal behavior, major consequences of being labeled a criminal include the alteration of personal identity and the exclusion of the individual from conventional opportunities such as employment and education (Sampson & Laub, 1997).

The relationship between labeling theory and stigma theory is reminiscent of the old adage: “Which came first, the chicken or the egg?” It has been suggested that rather than identifying which came first, they may be overlapping instead. In Link and Phelan’s (2001) conceptualization of stigma, they recognize the overlap in meaning between concepts like stigma, labeling, stereotyping, and discrimination. This conceptualization defines stigma as the relationship *between* interrelated components of labeling, stereotyping, emotional reactions, status loss, and discrimination (Link & Phelan, 2001). Both stigma theory and labeling theory are valuable tools for understanding the far-reaching effects stigma has on offenders, their families, and their communities.

Stigma as a barrier. There is increasing acknowledgment that overcoming the stigma of incarceration may be an important dimension in successful prisoner reintegration (Rose & Clear, 2003; Uggen et al., 2004). Stigma is damaging on many levels, characterizing the endorsement of prejudicial attitudes, negative emotional

responses, discriminatory behaviors, and biased social structures toward members of the stigmatized group, which may involve labeling, stereotyping, status loss, and discrimination of the stigmatized individuals (Corrigan, 2000; Link & Phelan, 2001). As if stigma isn't damaging enough, some groups are deemed more acceptable to exhibit prejudicial attitudes toward and, consequently, to discriminate against.

Crandall, Eshleman, and O'Brien (2002) were able to quantify the social appropriateness of prejudices and how the level of social appropriateness determines which prejudices are publicly stated and which are suppressed. Crandall et al. (2002) did so by having participants sort 105 social groups into three categories, which were later assigned values: 2 for "Definitely OK to have negative feelings about this group," 1 for "Maybe it's OK to have negative feelings about this group," and 0 for "Definitely not OK to have negative feelings about this group." Crandall et al.'s (2002) reported mean ratings placed ex-convicts at 0.980 compared to the most acceptable social group to be prejudiced against – rapists and child abusers at 1.967 – and the least acceptable social group to be prejudiced against – blind people and women who stay home to raise kids at 0.047.

Crandall et al. (2002) further hypothesized that the acceptability of prejudice would predict the acceptability of discrimination. Crandall et al. (2002) informed this hypothesis by selecting ten target groups representing different levels of acceptability of prejudice to use across the three scenarios that described discrimination against the groups: (1) in dating, (2) in housing, and (3) in employment. In order of acceptability of discrimination, these groups were racists, drug users, ex-convicts, rednecks, welfare

recipients, environmentalists, fat people, Hispanics, Black Americans, and Native Americans (Crandall et al, 2002).

After reading each scenario, participants responded to two items inquiring about the personal acceptability of the act of discrimination, as well as how likely the participant would be to discriminate against the target in the same way (Crandall et al., 2002). Crandall et al.'s (2002) hypothesis was strongly supported – acceptability of prejudice did predict acceptability of discrimination. With ex-convicts acceptability of discrimination scores ranging from 1 (very unacceptable or extremely unlikely) to 7 (very acceptable or extremely likely), the resulting mean scores for acceptability of discrimination against ex-convicts was 5.09 in the category of dating, 2.09 in the category of housing, 3.64 in the category of employment, and 3.61 overall (Crandall et al., 2002).

Crandall et al.'s (2002) study demonstrated that “many groups are the targets of unalloyed, unabashed negative affect” (p. 374). Ex-convicts are certainly one of the groups being targeted that Crandall et al. (2002) are referring to. Crandall et al. (2002) verified that ex-convicts life chances are negatively impacted by prejudice and discrimination in very tangible ways, such as dating, housing, and employment. Uncoincidentally, obtaining housing and employment are two of the most important factors in an individual's transition back to family and the community, without which likelihood of recidivism rises exponentially (Travis & Waul, 2003).

Braithwaite and Braithwaite (2001) suggested that our criminal justice system should abandon the use of stigmatization because it may make the offender a “permanent outcast” (36). Unfortunately, as shown by Crandall et al. (2002), stigma exists in the eyes of the public not directly caused by the criminal justice system, as well. Certainly,

stigmatization within the criminal justice system and stigmatization within our communities work in concert to negatively impact the lives of offenders and their families, affecting their life chances. Although incarcerated persons are treated as “permanent outcasts,” they are inescapably embedded in every facet of social life – as neighbors, as partners, and as parents (Comfort, 2008). The following sections will explore the pervasive role of stigma and its destabilizing consequences to offenders, their families, and their communities.

Offenders. The predominant view of criminal justice scholars on the plight of offenders is: “A criminal conviction – no matter how trivial or how long ago it occurred – scars one for life” (Petersilia, 2003, p. 19). In many ways this is true: Offenders are systematically punished even after they have completed their sentences, suffering from “civil disabilities,” such as statutory restrictions placed on public and private employment, voting, eligibility for public assistance and public housing, financial aid to attend college, firearm ownership, and criminal registration, to name a few (Legal Action Center, 2004; Travis, 2002). In addition to these “civil disabilities,” the dishonor and stigma attached to an offender’s legal standing reduces attainment in education, labor markets, and other domains (Wakefield & Uggen, 2010). All of these factors combined result in not only negative perceptions of offenders from without, but also from within.

Margaret Mead (1934), American cultural anthropologist, observed: “We are more or less unconsciously seeing ourselves as others see us” (68). Victims of stigmatization are cognizant of the negative attitudes against them and this cognizance may lead to detrimental effects both physically and mentally. Schnittker and John (2007) linked the stigma of prison to reduced health. Research also suggests that recognition and

understanding of stigmatization toward one's own group leads to low self-esteem, frustration, and resentment toward stigmatizers (Tewksbury, 2012). In addition to the physical and mental consequences of stigma, it may foster reoffending as a means of confronting the frustrations of social exclusion, thus perpetuating the cycle of incarceration (Tewksbury, 2012). Furthermore, the offender is not alone in their status as a "permanent outcast." The stigma attached to incarceration casts a long shadow, impacting the persons with whom the prisoner's life intersects (Goffman, 1963; Pryor, Reeder, & Monroe, 2012; Western & McLanahan, 2000).

Offenders' families. Every individual sent to prison leaves behind a network of family relationships (Travis & Waul, 2003). Unfortunately, empirical documentation of the far-reaching effects of upward incarceration trends on families and children remains scarce (Arditti & McClintock, 2002). Lowenstein (1986) proposed that there is remarkably little research in this area because families disrupted by incarceration are typically perceived as pathological and children of such families are viewed as nonexistent. Consequently, offenders and their families have virtually been left off of the family preservation agenda, despite their growing number (Arditti et al., 2003). In other words, families of offenders are "guilty by association."

"Guilty by association" is the main tenant of research on stigma by association, which represents the process through which the companions of stigmatized persons are discredited (Pryor et al., 2012). Goffman (1963) describes stigma by association:

Thus, the loyal spouse of a mental patient, the daughter of an ex-con, the parent of the cripple, the friend of the blind, the family of the hangman, are all obliged to share some of the discredit of the stigmatized person to whom they are related (p. 30).

Research has shown that when people are perceived as bound to a stigmatized person by family ties, consciously held attitudes about the stigma negatively impact how others perceive them (Pryor et al., 2012). Families of stigmatized individuals are likely to be seen as a source for mutual influence, as sharing a genetic heritage and hence similar traits and other dispositions, as sharing responsibility for group members' behaviors, and even having common motivations (Pryor et al., 2012).

Stigma attached to families of offenders is particularly damaging to the family's support network. The shame extending to families of offenders contributes to an overall lack of support for the entire family unit as well as more specific types of ostracism such as becoming victims of cruel jokes, exclusion from social events, and refusal of apartment rentals, jobs, and childcare (Arditti et al., 2003; Hairston, 2003). Schoenbauer (1986) observed that unlike other contexts of loss such as death or illness, loss of a family member because of incarceration seldom elicits sympathy and support from others, forcing family members to face the difficulties of separation alone. Many family members don't tell even their closest friends about a relative's incarceration and go to great lengths to protect the prisoner's children from the consequences of having a family member in prison (Hairston, 2003). Prisoners' wives report that revealing to others that their husband is in prison exposes them and their children to ostracism and discrimination (Fishman, 1990; Koenig, 1985). Arditti et al. (2003) interviewed 56 caregivers visiting an incarcerated family member during children's visiting hours and found that problems held to be created by incarceration included parenting strain, financial stress, emotional stress, and concerns about children's loss of involvement with their incarcerated parent and parent's families. As the rate of incarceration has risen, so has the likelihood of

disrupting groups rather than individuals (Lynch & Sabol, 2000). Unsurprisingly, the harmful and far-reaching impact of stigma extends beyond offenders and their families to their communities.

Communities. Reentry has a predominately negative impact on the quality of life in the communities that are hardest hit by incarceration (Rose & Clear, 2003).

Furthermore, communities are not islands unto themselves and the negative quality of life in one area affects adjacent neighborhoods simply by proximity (Sampson, Morenoff, & Earls, 1999). Yet, currently, few programs for former prisoners and their families focus exclusively on easing the transition from prison to home (Rose & Clear, 2003).

The absence of reentry programs feeds into the repeated cycle of incarceration and release, which not only harms offenders and their families, but also destabilizes neighborhoods, resulting in elevating crime rates (Schnittker & John, 2007). Furthermore, on a macro-level, Rose and Clear (1998) noted that relying on incarceration to reduce disorder undermines the development of more informal means of social control, which are important to the long-term prevention of crime. Therefore, in order to reduce potential harm to the general public it is important to determine mechanisms that can lead to reduced stigmatization, prejudice, and discrimination toward criminal populations. The next section will address the question of whether empathic concern can be utilized to effectively reduce stigmatization.

Empathic Concern

Social psychologists have been addressing the question of altruism in humans for over thirty years. Batson (2010) defines altruism as a motivational state with the ultimate goal of increasing another's welfare. Empathic concern is considered the probable source

of altruistic motivation (Batson, 2010). Here, empathic concern is defined as an other-oriented emotional response elicited by and congruent with the perceived welfare of someone in need (Batson, 1991, 2010). Empathic feelings include sympathy, compassion, tenderness, and the like if the other is oppressed or in need (Batson et al., 2002; Batson, 2010). In short, empathic concern involves feeling *for* the other (Batson, 2010), which has been robustly demonstrated as a key mechanism to decrease negative attitudes toward stigmatized persons, individually and collectively (Batson et al., 1997; Batson et al., 2002; Gleichgerrcht & Young, 2013; Todd & Burgmer, 2013).

Empathy-altruism hypothesis. Batson's (2010) empathy-altruism hypothesis describes the role of altruism and empathic concern in triggering helping behaviors, claiming that empathic concern felt for a person in need produces altruistic motivation to relieve that need. There is significant evidence to support that feeling increased empathic concern for a person in need increases readiness to help that person (Batson, 1991; Batson et al., 2002; Coke, Batson, & McDavis, 1978; Dovidio, Allen, & Shroeder, 1990; Eisenberg & Miller, 1987). But, the question remains: Why is empathic emotion associated with motivation to help someone in need?

Empathic emotion's ability to trigger motivation to help is thought by some to be because empathic emotion evokes an egoistic instrumental response directed toward reducing the helper's level of empathic emotion (Piliavin, Piliavin, & Rodin, 1975). Others suggest that it is because empathic concern evokes a more genuinely altruistic response directed toward reducing the other's distress (Batson, Darley, & Coke, 1975; Krebs, 1975). Both of the above-noted perspectives regard empathic concern as

involving an emotional response, but there is an alternative view suggesting motivation to help comes from the ability to put oneself in the person in need's shoes.

Perspective-taking. This study is based on the alternative view in which empathic concern involves the active contemplation of others' psychological experiences (Coke et al., 1978; Stotland, 1969; Todd, Galinsky, & Bodenhausen, 2012). Simply put, empathic concern can be stimulated by making an effort to seeing the world as someone else sees it; imagining how that person is affected by his or her plight; walking a mile in someone else's shoes. Clore and Jeffrey (1972) found that assuming the role of a disabled person by traveling campus in a wheelchair for an hour, or even watching someone else do this, significantly improved attitudes toward the disabled. Improved attitudes were shown to be stable over time not only with a measure immediately following the experience, but also in response to a disguised measure 4 months later (Clore & Jeffrey, 1972).

More recently, Todd et al. (2012) conducted experiments to examine the effects of perspective-taking on the processes contributing to stereotype maintenance. Stereotype maintenance involves (1) biases in social memory, meaning that people often exhibit better recall for stereotype-consistent behavior than stereotype-inconsistent behavior, (2) behavior explanations, which serve to maintain the perceived truth of the stereotypes, and (3) information-seeking, which involves perceivers tending to seek information that is consistent with their stereotypical expectations (Todd et al., 2012). In Experiment 1, participants received stereotype-consistent and inconsistent information about a young Black man, with some participants instructed to adopt his perspective while others were instructed to remain objective (Todd et al., 2012). Experiment 1 found that perspective-

takers exhibited a better recall of stereotype-inconsistent behaviors relative to participants instructed to remain objective (Todd et al., 2012). Experiment 2 employed a sentence-completion paradigm to assess the impact of perspective-taking on behavior explanation, reasoning that perspective-taking participants would be more likely to generate more explanations for stereotype-inconsistent behaviors than those instructed to remain objective (Todd et al., 2012). Experiment 2 found that perspective-taking participants spontaneously generated more dispositional explanations for the young Black man relative to their objective counterparts (Todd et al., 2012). Overall, Todd et al. (2012) found that perspective-taking can be a viable strategy for weakening processes that contribute to the perpetuation of stereotypes.

In addition, there is evidence that inducing empathy through perspective-taking can lead to motivating social action. Shelton and Rogers (1981) found that inducing empathic concern for whales led to more positive attitudes expressed in intention and action to help save whales. A real-life example of this effect is the movie *Free Willie*, which prompted 40,000 telephone calls about joining a campaign to protect whales the first week it was shown (Lemonick, August 2, 1993). To date, the method of inducing empathic concern through perspective-taking has been used to improve attitudes toward people with AIDS, the homeless, and racial and ethnic minorities (Batson et al., 1997; Dovidio, Gaertner, & Johnson, 1999; Finlay & Stephan, 2000; Stephan & Finlay, 1999; Todd et al., 2012).

Admittedly, there are barriers to improving attitudes toward stigmatized groups. Some cognitive analyses suggest that if we receive positive, stereotype-inconsistent information about a member of a stigmatized group, we may treating him or her as an

exception to the rule rather than changing our view of the group as a whole (Brewer, 1988; Hamilton & Troiler, 1986; Rothbart & John, 1985). Also, more positive attitudes toward stigmatized groups may be associated with feeling obligated to engage in prosocial action on behalf of the group and potentially threaten one's own position of relative advantage (Levine & Campbell, 1972). A more positive attitude toward a stigmatized group may even threaten one's belief that the world is just (Lerner, 1980; Lerner & Miller, 1978).

Improving attitudes. In spite of these barriers, there is reason to believe that inducing empathic concern for a member of a stigmatized group through perspective-taking can improve attitudes toward the group as a whole (Batson et al., 1997; Todd & Burgmer, 2013). According to Todd and Burgmer (2013), perspective-taking may be linked to self-interest, explaining that adopting the perspective of a particular outgroup member strengthens associations between that outgroup and the self, thus enabling a transfer of positive automatic self-evaluations to that outgroup as a whole. According to Batson (2010), perspective-taking may confirm the existence of altruism, reasoning that if empathic concern can indeed evoke altruistic motivation, then increased valuing of the welfare of a stigmatized group should make it more difficult to use derogation as a means to believing in a just world and encourage prosocial action instead.

Regardless of the reason for its success, perspective-taking appears to be a useful tool for the induction of empathy, which is evident even in everyday life. For example, novels, movies, and documentaries show that it is relatively easy to induce empathic concern for a stigmatized group (Batson et al., 1997). In this manner, empathic concern can be induced in low-cost, low-risk situations (Batson et al., 1997). Also, empathic

concern inducing experiences can be controlled to ensure that they are positive (Gramza, Charnas, Konrad, & von Hippel, 1993). Furthermore, empathic concern may directly address the central feeling and evaluation components of the attitude, having been found to increase valuing the welfare of the person for whom empathic concern is felt and for this valuing to be sustained over time (Batson, Turk, Shaw, & Klein, 1995).

Fostering empathic concern. Batson et al. (1997) found that inducing empathic concern for a member of a stigmatized group can improve attitudes toward the group as a whole. Batson et al. (1997) proposed a three-step empathy-attitude model, asserting that (i) adopting the perspective of a needy individual who is a member of a stigmatized group leads to increased empathic feelings for this individual; (ii) these empathic feelings lead to a perception of increased valuing of this individual's welfare (Batson et al., 1995); and (iii) the increased valuing of the individual's welfare generalizes to the group as a whole and is reflected in more positive attitudes toward the group. Support was found for each step of this model using three experiments (Batson et al., 1997). In Experiments 1 and 2, empathic concern was induced for either a woman with AIDS and a homeless man (Batson et al., 1997). Experiment 3 attempted to induce empathic concern for a member of a highly stigmatized group, convicted murderers, measuring attitudes toward this group immediately after the empathy manipulation and 1-2 weeks later (Batson et al., 1997).

Batson et al.'s (1997) empathy-attitude effect is robust, with empathic concern improving even when the individual for whom empathic concern was induced was not prototypical of the group and was not responsible for his or her plight. Even extremely negative attitudes were affected despite apparent attempts to resist the effect (Batson et

al., 1997). For example, in Experiment 3, attitudes toward convicted murderers serving life without parole were not significantly improved immediately after the empathic concern induction but were significantly improved several weeks later when assessed through an unrelated telephone survey (Batson et al., 1997).

Empathic concern and social action. Batson et al. (2002) wrote: “If inducing empathy for a member of a stigmatized group leads to more positive attitudes but not to action to improve the welfare of the group, then there is little reason for optimism” (p. 1657). Batson et al. (2002) used Batson et al.’s (1997) findings to further ask whether empathic concern felt for a member of a stigmatized group can lead to increased readiness not only to help that specific individual but also to help the group. Batson et al. (2002) believed that the increased valuing of the group reflected in more positive attitudes shown by Batson et al. (1997) should provide the basis for adding a fourth step to the empathy-attitude model: (iv) the increased valuing of the group reflected in more positive attitudes should provide the basis for increased motivation to help the group, thus turning the empathy-attitude model into the empathy-attitude-action model. Support was found for the added fourth step, as well (Batson et al., 2002).

Batson et al.’s (2002) study was modeled after Batson et al.’s (1997) Experiment 3. Batson et al. (2002) utilized a perspective-taking manipulation of empathy by having research participants in two experimental conditions (high empathy vs. low empathy). Participants listened to an audiotaped interview with a member of the stigmatized group – a 22 year-old man named Jared in prison for use and sale of heroin (Batson et al., 2002). Helping attitudes toward drug addicts like Jared were measured before and after listening to the audiotaped interview (Batson et al., 2002). Participants were also given the

opportunity to make a suggestion for how to allocate funds to a program on campus that would provide drug addiction counseling and services (Batson et al., 2002). It was concluded that the perspective-taking manipulation was effective, with participants instructed to imagine Jared's feelings reporting more empathy than those instructed to remain objective (Batson et al., 2002). Further, correlations between participants' self-reported empathy and their funding allocations indicated that increased empathic feelings for Jared were associated with increased willingness to allocate funds to help drug addicts (Batson et al., 2002).

Up to this point, this piece of work has sought to make a case for the utilization of empathy as a tool to reduce stigmatization against offenders and their families by providing details regarding the scope of mass incarceration in the United States, the issues associated with being incarcerated and/or having a family member that is incarcerated, and the negative consequences of these issues to offenders, their families, and their communities. Keeping Batson et al.'s (2002) empathy-attitude-action model in mind, how could this knowledge be used to benefit not just the stigmatized group in question, but also the societies in which they live? If empathy can reduce stigmatization, then perhaps some major systemic barriers against offenders and their families can be overcome?

Chapter 2. Present Study

The present study adapted Batson et al.'s (1997) Experiment 3, which examined the effect of inducing empathy on attitudes toward convicted murderers, and was further adapted by Batson et al. (2002) to pose the question of whether inducing empathy is associated with increasing the desire to engage in social action on behalf of a stigmatized

group. This study altered some methods employed by Batson et al.'s (1997) Experiment 3 and Batson et al. (2002). For instance, this study adapted and administered one of the measures (refer, Appendix B for Attitudes toward Convicted Murderers measure) at pretest, posttest, and followup in order to assess participants' attitudes over time. Also, this study was administered to participants online, via anonymous Internet survey, rather than in-person in a lab; participants were instructed to read and respond to a written scenario rather than listening to a voice recording. However, while some of Batson et al.'s (1997) Experiment 3 and Batson et al.'s (2002) methods were altered, the empathy manipulation, which is the crux of both studies, remained the same: A perspective-taking manipulation of empathy wherein participant attitudes were manipulated through instructions on how to read the scenarios assigned to them.

Objectives

Given the rising number of people in contact with the prison system, the current investigation is especially important. The first objective of this experimental study was to explore the possibility of using the induction of empathic concern to combat stigmatization of not only individual members of a stigmatized group, but also their families. Past research has focused on the impact of stigmatization on individual members of the stigmatized group, but left out the impact on their families. Every individual is connected to a network of people who are impacted by what happens to them, positive or negative, and it is important to understand the gravity of that impact. The second objective of this experimental study was to discover if empathic concern could motivate desire to engage in social action on behalf of the stigmatized group and their families.

These objectives were informed by employing an empathy manipulation in a scenario study modeled after Batson et al.'s (1997) Experiment 3 and Batson et al. (2002). Participants were asked to complete a two-part online survey comprised of three measures, which will be described in upcoming sections, in order to examine the relationship between inducing empathy, improving attitudes toward, and inspiring the desire to engage in social action on behalf of offenders and their families. Overall, it was predicted that the main effect of increased empathic concern (reflected by higher empathy scores) would be the result of the interaction between group assignment [i.e., high empathy vs. low empathy; Scenario 1 (individual only) vs. Scenario 2 (family included)] and empathy scores. It was also predicted that higher levels of empathic concern (reflected by higher empathy scores) would predict increased likelihood to want to engage in social action on behalf of the group.

Hypotheses

The first hypothesis (H1) predicted that empathy scores would change over time; empathy scores would change from pretest to posttest and posttest to followup (within-group change). The second hypothesis (H2) predicted that empathy scores would change across group assignment [high empathy vs. low empathy; Scenario 1 (individual only) vs. Scenario 2 (family included)] (between-group differences). The third hypothesis (H3) predicted that the interaction of the empathy manipulations designating group assignment [high empathy vs. low empathy; Scenario 1 (individual only) vs. Scenario 2 (family included)] would predict likelihood to want to engage in social action on behalf of offenders and their families; higher empathy scores would predict likelihood to want to engage in social action on behalf of offenders and their families. For all three

hypotheses, it was generally anticipated that empathy levels would be highest in participants who were assigned to read Scenario 2 (family included) under the high empathy condition compared to lowest in participants who were assigned to read Scenario 1 (individual offender) under the low empathy condition.

Variables. In this study, the first independent variable (IV1) was the empathy manipulation condition (high empathy vs. low empathy) and the second independent variable (IV2) was group assignment [Scenario 1 (individual only) vs. Scenario 2 (family included)]. The first dependent variable (DV1) was participants' level of empathy as reflected by empathy scores. The second dependent variable (DV2) was participants' desire to engage in social action on behalf of offenders and their families after the empathy manipulation. The experimenter was blind to each participant's condition. Now that the research that informed this study, the objectives, hypotheses, and variables of this study, has been described, the methods and procedures used in this experiment will be described below.

Chapter 3. Method

Participants

Participants were recruited through Sona Systems for class credit. A convenience sample of 156 University of Hawai'i at Mānoa undergraduate students (1 person was removed for incomplete responses) completed all survey items in this study. Of the participants who completed all survey items, 76% reported being female and 23% reported being male, having an average age of 20 years ($SD = 3.02$). Participants were spread across different income groups (refer, Table 1) and ethnicities (refer, Table 2).

Table 1

Descriptive Statistics for Income Level of Participants (N = 157)

Income Level	<i>n</i>	%
Low income	14	8.8
Middle-low income	35	22.0
Middle income	71	44.7
Upper-middle income	36	22.6
High income	1	.6

Table 2

Descriptive Statistics for Ethnicity of Participants (N = 157)

Income Level	<i>n</i>	%
African American/Black	7	4.4
American Indian/Native American	7	4.4
Caucasian/White	53	33.3
Chinese	39	24.5
Filipino	44	27.7
Hawaiian	18	11.3
Hispanic	12	7.5
Japanese	43	27
Korean	10	6.3
Latino/a	4	2.5
Other	13	8.1
Pacific Islander	5	3.1
Portuguese	3	1.9
Puerto Rican	3	1.9
Unknown	2	1.3

Note: Participants were instructed to “check all that apply.”

Measures

Participant attitudes toward offenders and their families were solicited before and after undergoing a perspective-taking empathy manipulation. Participants in both groups (high empathy and low empathy) read a first-person account of a fictional offender named Luke in which he either does not (Scenario 1) or does (Scenario 2) include mention of his family in his account of committing his crime and his feelings about it. Participants in the high empathy condition were instructed to “imagine what Luke was going through” and participants in the low empathy condition instructed to “remain

objective.” Three measures were administered to all participants at various times (pretest, posttest, and followup) throughout the study. A summary table of the times that measures were administered to participants is provided below (refer, Table 3). The same questions for all measures were asked regardless of what empathy group (high empathy vs. low empathy) participants were in or what scenario [Scenario 1 (individual only) vs. Scenario 2 (family included)] participants read.

Table 3

Summary Table of Times that Measures were Administered

Measure	Time		
	Pretest	Posttest	Followup
Attitudes toward Convicted Murderers	X	X	X
Attitudes toward Convicted Murderers and their Families (Pt. 1)		X	
Attitudes toward Convicted Murderers and their Families (Pt. 2)			X
Social Action Questions*		X	X

Note: * The Social Action Questions were not a separate measure; they were 2 questions added onto the end of the Attitudes toward Convicted Murderers and their Families (Pt. 1 & 2) measures.

Attitudes toward Convicted Murderers: Measuring empathy over time. The Attitudes toward Convicted Murderers measure (refer, Appendix B) required participants to read a list of 24 adjectives (e.g., joyful, sad, pessimistic) and self-report their emotional response: (1) to reading the words “convicted murderer” at pretest, (2) “in response to reading about Luke” at posttest, (3) and to reading the words “convicted murderer” at followup on a scale of 1 (not at all) to 7 (extremely). The list of 24 adjectives included six adjectives used in previous research to assess empathy: sympathetic, compassionate, soft-hearted, warm, tender, and moved (see Batson, 1991, for a review). These six adjectives were averaged to form an index of self-reported empathy at pretest ($\alpha = .91$), posttest ($\alpha = .87$) and followup ($\alpha = .91$).

Attitudes toward Convicted Murderers and their Families (Pt. 1): Measuring attitudes at posttest. The Attitudes toward Convicted Murderers and their Families (Pt.

1) measure (refer, Appendix C, Items 1-12) was Adapted from McConahay's (1986) Modern Racism Scale. The measure required participants to respond to twelve items (e.g., "Our society should do more to rehabilitate and educate convicted murderers.") and self-report their emotional response on a scale of 1 (strongly disagree) to 9 (strongly agree). Responses to these twelve items were averaged to form an index of self-reported empathy at posttest ($\alpha = .80$). Scores on the negatively worded items were reversed

Social Action Questions: Measuring willingness to engage in social action at posttest. Participants were asked an additional two social action-oriented questions (refer, Appendix C, Items 13-14) at the end of the twelve-item Attitudes toward Convicted Murderers and their Families (Pt. 1) measure in order to assess their willingness to engage in social action on behalf of offenders and their families at posttest:

1. Would you be willing to sign a petition which would advocate for a government-funded social program to help offenders find steady employment and housing upon release from prison? Responses were either "yes" or "no."
2. Would you be willing to sign a petition which would advocate for government-funded social programs to provide financial assistance to families of offenders, as well as helping with things like finding steady employment and affordable housing while their loved one is in prison? Responses were either "yes" or "no".

Attitudes toward Convicted Murderers and their Families (Pt. 2): Measuring attitudes at followup. The Attitudes toward Convicted Murderers and their Families (Pt. 2) measure (refer, Appendix D, Items 1-7) required participants to respond to seven items (e.g., "It is inhumane to make prisoners spend extended periods of time in a small room like a prison cell.") and self-report their emotional response on a scale of 1 (strongly

disagree) to 5 (strongly agree). Responses to these seven items were averaged to form an index of self-reported empathy at followup ($\alpha = .65$). Scores on the negatively worded items were reversed.

Social Action Questions: Measuring willingness to engage in social action at followup. Participants were asked an additional two social action-oriented questions (refer, Appendix D, Items 8-9) at the end of the seven-item Attitudes toward Convicted Murderers and their Families (Pt. 2) measure in order to assess their willingness to engage in social action on behalf of offenders and their families at followup:

1. Would you be willing to sign a petition which would advocate for a government-funded social program to help offenders find steady employment and housing upon release from prison? Responses were either “yes” or “no.”
2. Would you be willing to sign a petition which would advocate for government-funded social programs to provide financial assistance to families of offenders, as well as helping with things like finding steady employment and affordable housing while their loved one is in prison? Responses were either “yes” or “no”.

Empathy manipulation check. Participants were asked two empathy manipulation check questions (refer, Appendix D, Items 10-11) after answering the two social action-oriented questions at the very end of the Attitudes toward Convicted Murderers and their Families (Pt. 2) measure. These two empathy manipulation check questions were designed to determine whether the empathy manipulations [i.e., high empathy vs. low empathy; Scenario 1 (individual offender) vs. Scenario 2 (family included)] were successful or not:

1. Did you read about an individual with or without a family? Responses were either “I read about an individual with a family.” or “I read about an individual without a family.”
2. Were you instructed to remain objective when reading about Luke or imagine what Luke was going through? Responses were either “I was instructed to remain objective when reading about Luke.” or “I was instructed to imagine what Luke was going through when reading about Luke.”

Procedure

Pretest measure of empathy. First, participants were asked to complete the Consent to Participate in Research Form (refer, Appendix A). Second, participants were asked to complete the Attitudes toward Convicted Murderers measure (refer, Appendix B), which instructed participants to report how much on a scale of 1 (not at all) to 7 (extremely) they had experienced a listed emotion in response to the words “convicted murderer.” After completing these pretest measures, participants were exposed to the empathy manipulation.

Empathy manipulation. After completing the pretest measures, participants were instructed to carefully read the perspective-taking instructions under their randomly assigned empathy condition (high empathy vs. low empathy). For the high empathy condition, the instructions read: “As you read the following scenario, try to imagine what Luke must be feeling and going through as he tells his story. Put yourself in Luke’s shoes as much as possible.” For the low empathy condition, the instructions read: “As you read the following scenario, remain as objective as possible.” After reading their perspective-taking instructions under their randomly assigned empathy condition (high

empathy vs. low empathy), participants read one of two versions of the same scenario about a fictional offender named Luke [Scenario 1 (individual offender) vs. Scenario 2 (family included)].

Luke, a convicted murderer. Scenario 1 revealed the circumstances surrounding Luke's arrest, his life in prison, and his feelings about it, individually:

Interviewer: Why are you in prison?

Luke: I was a low-level business crook profiting from purchasing stolen products for cheap and selling them for inflated prices. Over time, my relationship with my business partner became competitive and soured. He eventually betrayed me and took all of our purchasing resources with him on his own separate business venture. I had lost my main source of income. I tried to find another job that paid as well as my last one, but I barely finished high school and couldn't get hired anywhere that didn't involve me wearing a nametag. I couldn't afford to pay my mortgage and lost my house. The emotional and financial stress was too much and I started drinking again after 9 years of sobriety. I became extremely angry and was drunk most of the time. One night, I couldn't take it anymore and I drove to my old business partner's house and shot and killed him.

Interviewer: Do you regret doing it?

Luke: Now? Yes, I do. I know murder is wrong and nobody deserves to die at the hands of someone else. I wanted him to pay for what he did to me. When I shot him, I felt he got what he deserved for a moment, but the feeling did not last long. He was the one who was free. But me, I am going to be in prison for the rest of my life.

Scenario 2 revealed the circumstances surrounding Luke's arrest, his life in prison, and his feelings about it, with the addition of mentioning Luke's family's suffering.

Interviewer: Why are you in prison?

Luke: I was a low-level business crook profiting from purchasing stolen products for cheap and selling them for inflated prices. Over time, my relationship with my business partner became competitive and soured. He eventually betrayed me and took all of our purchasing resources with him on his own separate business venture. I had lost my family's main source of income. I tried to find another job that paid as well as my last one, but I barely finished high school and couldn't get hired anywhere that didn't involve me wearing a nametag. I eventually filed for bankruptcy and my wife and I lost our house. Worse, I couldn't afford the private school I was sending our dyslexic daughter to and had to pull her out and send her to a public school with no special programs for kids with dyslexia. The emotional and financial stress was too much and I started drinking again after 9 years of sobriety. I became extremely angry and was drunk most of the time. One night, I couldn't take it anymore and I drove to my old business partner's house and shot and killed him.

Interviewer: Do you regret doing it?

Luke: Now? Yes, I do. I know murder is wrong and nobody deserves to die at the hands of someone else. I wanted him to pay for what he did to my family. When I shot him, I felt he got what he deserved for a moment, but the feeling did not last long. He was the one who was free. But me, I am going to be in prison for the rest of my life and my wife will eventually move on and my daughter will grow up without knowing me.

Posttest measure of empathy, attitude, and willingness to engage in social action on behalf of offenders and their families. After reading their assigned scenario [Scenario 1 (individual offender) vs. Scenario 2 (family included)], participants were asked to complete the Attitudes toward Convicted Murderers measure (refer, Appendix B) for a second time, which instructed participants to report how much on a scale of 1 (not at all) to 7 (extremely) they had experienced a listed emotion in response to "reading about Luke." Next, participants were asked to complete Attitudes toward Convicted Murderers and their Families (Pt. 1) measure (refer, Appendix C, Items 1-12) and the additional two social action questions (refer, Appendix C, Items 13-14) at the end of that measure. After completing these posttest procedures, part one of the study was complete

and participants were thanked and notified that they would be followed-up with in 1-2 weeks, via email.

Followup measure of empathy, attitude, and willingness to engage in social action on behalf of offenders and their families. Participants were followed-up with 1-2 weeks after completing part one of the study, via an email from SONA, to complete part two of the study. First, participants were asked to complete the Attitudes toward Convicted Murderers measure (refer, Appendix B) for a third time, which instructed participants to report how much on a scale of 1 (not at all) to 7 (extremely) they had experienced a listed emotion in response to the words “convicted murderer.” Second, participants were asked to complete the Attitudes toward Attitudes toward Convicted Murderers and their Families (Pt. 2) measure (refer, Appendix D, Items 1-7) and the additional two social action questions inserted at the end of the measure (refer, Appendix D, Items 8-9). After completing the social action questions, participants were asked to complete the Demographic Information Form (refer, Appendix E). After completing the Demographic Information Form, participants were thanked for their participation, which concluded their participation in the study.

Design

This study was conducted using a mixed-design both within-subjects and between-subjects. The design had 2 emotional manipulation conditions (high empathy vs. low empathy) x 2 group assignments [Scenario 1 (individual offender) vs. Scenario 2 (family included)]. Interactions between main effects [high empathy vs. low empathy; Scenario 1 (individual offender) vs. Scenario 2 (family included)] were explored between groups over time. The strength of this design was that it allowed for comparison between

experimental groups who were exposed to the empathy manipulation (high empathy vs. low empathy), as well as comparison between experimental groups based on group assignment [Scenario 1 (individual offender) vs. Scenario 2 (family included)]. The interactions of the afore-mentioned empathy manipulation and group assignment were also explored in regard to increasing the likelihood of participants' wanting to engage in social action on behalf of offenders and their families. Now that the methods and procedures used in this experiment have been thoroughly described, the results of this study are reported below.

Chapter 4. Results

Manipulation Check

High Empathy vs. Low Empathy. It was expected that participants in the high empathy group, who were instructed to put themselves in Luke's shoes, would experience more empathy for him than participants in the low empathy group, who were instructed to remain objective. The effectiveness of this manipulation was checked at the conclusion of this study by asking participants: "Were you instructed to remain objective when reading about Luke or imagine what Luke was going through?" The high empathy vs. low empathy manipulation was found to be effective because 68% of participants in the high empathy group correctly answered that they were instructed to imagine what Luke was going through and 68% of participants in the low empathy group correctly answered that they were instructed to remain objective.

Scenario 1 (Individual Offender) vs. Scenario 2 (Family Included). It was expected that participants who read Scenario 1, not including mention of Luke's family, would experience less empathy for him than participants who read Scenario 2, including

mention of Luke's family. The effectiveness of this manipulation was checked at the conclusion of this study by asking participants: "Did you read about an individual with or without a family?" The Scenario 1 (individual offender) vs. Scenario 2 (family included) manipulation had mixed results. On the one hand, a mere 35% of participants who read Scenario 1 (individual offender) correctly answered that they read about an individual without a family. On the other hand, 82% of the participants who read Scenario 2 (family included) correctly answered that they read about an individual with a family. The family manipulation was *not* found to be effective due to the large proportion of participants who read Scenario 1 (individual offender) that incorrectly answered the manipulation question. Moving forward, since the family empathy manipulation involving which scenario was read by participants [Scenario 1 (individual only) vs. Scenario 2 (family included)] was not effective, this study will only examine between-group differences in terms of the empathy manipulation involving which perspective-taking instructions were read (high empathy vs. low empathy).

H1: Empathy scores will change over time.

The predictions of the H1 were quantified using the Attitudes toward Convicted Murderers measure (refer, Appendix B) at pretest ($\alpha = .91$), posttest ($\alpha = .87$) and followup ($\alpha = .91$) in order to compare empathy levels before, immediately after, and 1-2 weeks after the empathy manipulation. For this analysis, between-group differences were examined by group assignment (high empathy vs. low empathy) and within-subject changes were assessed by the time at which the Attitudes toward Convicted Murderers measure was administered (i.e., pretest, posttest, followup). The DV was the empathy

level of the participants as measured by their empathy scores on the Attitudes toward Convicted Murderers measure.

A two-way 2 (group assignment: low empathy or high empathy) x 3 (time: pretest, posttest, and followup) mixed ANOVA on the Attitudes toward Convicted Murderers measure was performed, controlling for age, sex, and income level. Mauchly's Test of Sphericity indicated that the assumption of sphericity had been violated, $\chi^2(2) = 13.01, p = .001$, therefore degrees of freedom were corrected using Huynh-Feldt estimates of sphericity ($\epsilon = .959$). The results showed that there was a significant main effect of time on empathy levels after controlling for age, sex, and income level, $F(1.92, 289.61) = 4.72, p = .011$ (refer, Table 4). These results suggest that after controlling for all other variables, empathy scores were different based on the time of the administration of the Attitudes toward Convicted Murderers measure. Specifically, results suggest that empathy scores were highest at posttest and lowest at pretest and followup (refer, Table 5 & Figure 1). Post hoc tests were conducted to explore the main effect of time. The findings of these tests are described below.

Table 4

Summary Table of Repeated Measures Mixed ANOVA

Source	SS	df	MS	F	<i>p</i>	Partial Eta Squared
Between-Subjects						
Age	2.10	1	2.10	.86	.356	.006
Sex	3.17	1	3.17	1.30	.257	.001
Income Level	.51	1	.51	.21	.647	.001
Group Assignment	16.06	1	16.06	6.58	.011	.042
Within-Subjects						
Time	6.29	1.92	3.28	4.72	.011	.030
Group Assignment * Time	.45	1.92	.24	.34	.702	.002

Note: Covariates included were age, sex, and income level.

Table 5

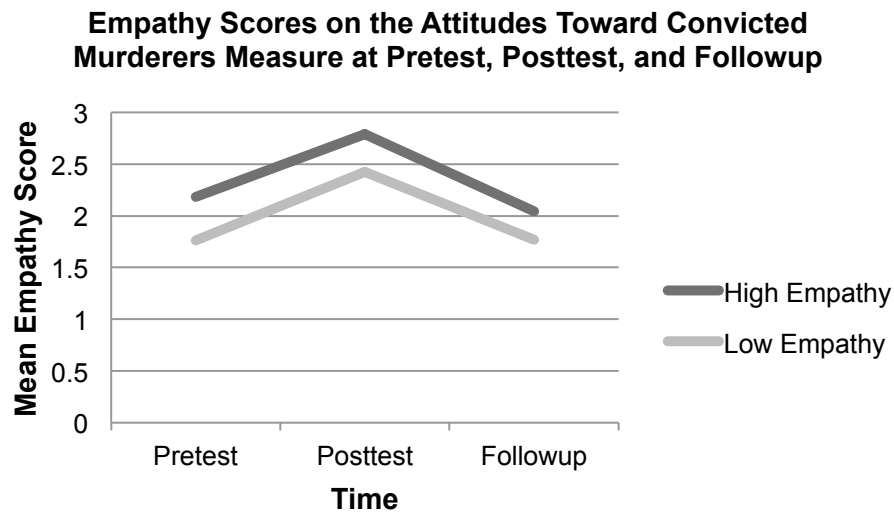
Means and Standard Deviations on the Attitudes toward Convicted Murderers Measure at Pretest, Posttest, and Followup

Group Assignment	N	Time	Empathy Score	
			M	SD
Low empathy	76	Pretest	1.76	0.93
		Posttest	2.43	1.08
		Followup	1.77	0.74
High empathy	80	Pretest	2.18	1.43
		Posttest	2.79	1.20
		Followup	2.04	1.19

Note: The maximum score is 5.

Covariates included were age, sex, and income level.

Figure 1



Note: Attitudes toward Convicted Murderers measure is a 1 to 7 scale.

It was found that there was a significant increase in empathy scores from pretest to posttest, but the increase was not significant for group assignment. For this analysis, the IV was group assignment (high empathy vs. low empathy) and the DV was the empathy level of participants as measured by their empathy scores on the Attitudes toward Convicted Murderers measure at posttest. A one-way between-subjects ANCOVA was conducted to explore the significant increase in empathy scores from pretest to posttest, controlling age, sex, income level, and empathy scores on the

Attitudes toward Convicted Murderers measure at pretest. The findings suggest that there was a statistically significant effect of the empathy scores on the Attitudes toward Convicted Murderers measure at pretest ($M = 1.98$) on the empathy scores on the Attitudes toward Convicted Murderers measure at posttest ($M = 2.61$) at the $p < .05$ level [$F(1, 150) = 29.89, p < .01$] (refer, Table 6). These findings suggest that participants who scored higher on the Attitudes toward Convicted Murderers measure at pretest were likely to score higher on the Attitudes toward Convicted Murderers measure at posttest, indicating that higher empathy scores at pretest were associated with higher empathy scores at posttest.

Table 6

Summary Table for One-Way Between-Subjects ANCOVA from Pretest to Posttest

Source	SS	df	MS	F	<i>p</i>	Partial Eta Squared
Group Assignment	1.77	1	1.77	1.62	.205	.011
Age	2.67	1	2.67	2.45	.120	.016
Sex	.30	1	.30	.27	.600	.002
Income Level	2.48	1	2.48	2.27	.134	.015
Pretest Empathy Score*	32.61	1	32.61	29.89	.000	.166
Error	163.62	150	1.09			
Total	206.13	155				

Note: * Mean empathy score on Attitudes toward Convicted Murderers measure (pretest).

It was also found that there was a statistically significant decrease in empathy scores from posttest to followup, but the decrease was not significant for group assignment. For this analysis, the IV was group assignment (high empathy vs. low empathy) and the DV was the empathy level of the participants as measured by their empathy scores on the Attitudes toward Convicted Murderers measure at followup. A one-way between-subjects ANCOVA was conducted to explore the significant decrease in empathy scores from posttest to followup, controlling age, sex, income level, and empathy scores on the Attitudes toward Convicted Murderers measure at posttest. The

findings suggest that there was a statistically significant effect of the empathy scores on the Attitudes toward Convicted Murderers measure at posttest ($M = 2.61$) on the empathy scores on the Attitudes toward Convicted Murderers measure at followup ($M = 1.91$), $F(1, 150) = 30.8, p < .01$ (refer, Table 7). These findings suggest that participants who scored higher on the Attitudes toward Convicted Murderers measure at posttest were likely to score lower on the Attitudes toward Convicted Murderers measure at followup, indicating that higher empathy scores at posttest were associated with lower empathy scores at followup.

Table 7

Summary Table for One-Way Between-Subjects ANCOVA from Posttest to Followup

Source	SS	df	MS	F	<i>p</i>	Partial Eta Squared
Group Assignment	.86	1	.86	1.04	.309	.007
Age	.17	1	.17	.21	.647	.001
Sex	1.42	1	1.42	1.72	.192	.011
Income Level	2.45	1	2.45	2.97	.087	.019
Posttest Empathy Score*	25.39	1	25.39	30.80	.000	.170
Error	123.64	150	.82			
Total	155.86	155				

Note: * Mean empathy score on Attitudes toward Convicted Murderers measure (posttest).

H2: Empathy scores will change across group assignment.

The prediction of H2 was quantified using the Attitudes toward Convicted Murderers and their Families (Pt. 1) measure (refer, Appendix C) to determine if empathy scores were impacted by group assignment at posttest ($\alpha = .80$). For this analysis, the IV was group assignment (high empathy vs. low empathy) and the DV was the empathy level of the participants as measured by their empathy scores on the Attitudes toward Convicted Murderers and their Families (Pt. 1) measure. A one-way between-subjects ANCOVA was conducted to compare the effect of group assignment on empathy scores, controlling age, sex, income level, and empathy scores on the Attitudes toward Convicted

Murderers measure at pretest. The findings suggest that there was not a statistically significant difference between the high empathy group ($M = 4.98$) and the low empathy group ($M = 5.17$), $F(1, 150) = 1.48$, $p = .23$ (refer, Tables 8 & 9). These results suggest that group assignment did not have a significant effect on participants' levels of empathy, even when controlling for age, sex, income level, and empathy scores on Attitudes toward Convicted Murderers measure at pretest.

Table 8

Means and Standard Deviations on the Attitudes toward Convicted Murderers and their Families (Pt.1) Measure

Group Assignment	N	Empathy Score	
		M	SD
Low empathy	76	5.17	1.08
High empathy	80	4.98	1.20

Note: The maximum score is 9.

Covariates included were age, sex, income level, and empathy scores on the Attitudes toward Convicted Murderers measure (pretest).

Table 9

Summary Table for One-Way Between-Subjects ANCOVA at Posttest

Source	SS	df	MS	F	p	Partial Eta Squared
Group Assignment	1.95	1	1.95	1.48	.226	.010
Age	1.55E-6*	1	1.55E-6*	.00	.999	.000
Sex	1.4	1	1.4	1.06	.304	.007
Income Level	.09	1	.09	.06	.8	.000
Pretest Empathy Score**	1.66	1	1.66	1.26	.263	.008
Error	197.62	150	1.32			
Total	202.58	155				

Note: * To the 6th power.

**Mean empathy score on Attitudes toward Convicted Murderers measure (pretest).

The prediction of H2 was also quantified using the Attitudes toward Convicted Murderers and their Families (Pt. 2) measure (refer, Appendix D) to determine if empathy scores were impacted by group assignment at followup ($\alpha = .65$). For this analysis, the IV was group assignment (high empathy vs. low empathy) and the DV was the empathy level of the participants as measured by their empathy scores on the

Attitudes toward Convicted Murderers and their Families (Pt. 2) measure. A one-way between-subjects ANCOVA was conducted to compare the effect of group assignment on empathy scores, controlling for age, sex, income level, and empathy score on the Attitudes toward Convicted Murderers measure at pretest. The findings suggest that there was not a statistically significant difference between the high empathy group ($M = 3.06$) and the low empathy group ($M = 3.17$), $F(1, 148) = 1.58$, $p = .21$ (refer, Table 10 & Table 11). These results suggest that group assignment did not have a significant effect on participants' levels of empathy, even when controlling for age, sex, income level, and empathy scores on Attitudes toward Convicted Murderers measure at pretest.

Table 10

Means and Standard Deviations on the Attitudes toward Convicted Murderers and their Families (Pt.2) Measure

Group Assignment	N	Empathy Score	
		M	SD
Low empathy	75	3.17	.52
High empathy	79	3.06	.57

Note: The maximum score is 5.

Covariates included were age, sex, income level, and empathy scores on Attitudes toward Convicted Murderers measure (pretest).

Table 11

Summary Table for One-Way Between-Subjects ANCOVA at Followup

Source	SS	df	MS	F	<i>p</i>	Partial Eta Squared
Group Assignment	.47	1	.47	1.58	.210	.011
Age	.03	1	.03	.11	.739	.001
Sex	.57	1	.57	1.90	.170	.013
Income Level	.11	1	.11	.36	.548	.002
Pretest Empathy Score*	.08	1	.08	.27	.607	.002
Error	44.30	148	.30			
Total	45.57	153				

Note: * Mean empathy score on Attitudes toward Convicted Murderers measure (pretest).

H3: Desire to engage in social action will depend on group assignment.

H3 predicted that participants in the high empathy group would experience more empathy for offenders and their families compared to participants in the low empathy group, causing them to be more likely to demonstrate willingness to engage in social action on behalf of offenders and/or their families. H3 was quantified using two social action questions placed at the end of the Attitudes toward Convicted Murderers and their Families (Pt. 1) measure at posttest (refer, Appendix C, Items 13-14) and the Attitudes toward Convicted Murderers and their Families (Pt. 2) measure at followup (refer, Appendix D, Items 8-9). The questions were: (1) “Would you be willing to sign a petition which would advocate for a government-funded social program to help offenders find steady employment and housing upon release from prison?” and (2) “Would you be willing to sign a petition which would advocate for government-funded social programs to provide financial assistance to families of offenders, as well as helping with things like finding steady employment and affordable housing while their loved one is in prison?” Responses were either “yes” or “no”.

For these analyses, the IVs were group assignment, age, sex, income level, and empathy score on the Attitudes toward Convicted Murderers measure at pretest. The DV that was answering “yes” or “no,” which measured participants’ willingness to engage in social action on behalf of the offender and/or their families. Yes was equal to 1 if the participant would be willing to sign a petition advocating for a government-funded social program to help offenders and/or families of offenders and “no” was equal to 0 if the participant would not be willing to sign a petition advocating for government-funded social program to help offenders and/or families of offenders. The findings are explained

in the below paragraphs.

“Would you be willing to sign a petition which would advocate for a government-funded social program to help offenders find steady employment and housing upon release from prison?” A logistical regression was conducted to determine the likelihood of responding Yes (1) or No (0) to the above-referenced question at posttest and followup in order to gage participants’ willingness to engage in social action on behalf offenders. At posttest, results of that test were not statistically significant, $b = -.26$, $SE = .34$, $p = .447$, and $OR = .77$. At followup, results of that test were not statistically significant, $b = -.25$, $SE = .34$, $p = .466$, and $OR = .78$ (refer, Table 12). These results indicate that group assignment, age, sex, income level, and empathy score on the Attitudes toward Convicted Murderers measure at pretest did not have a significant impact on participants willingness to engage in social action on behalf of offenders at posttest or followup.

Table 12

Logistic Regression of Group Assignment by Predicting Willingness to Sign a Petition to Help Offenders upon Release from Prison at Posttest and Followup

Variable	Posttest				Followup			
	B	SE	<i>p</i>	OR	B	SE	<i>p</i>	OR
Group Assignment	-.26	.34	.447	.78	-.25	.34	.466	.78
Age	-.01	.06	.835	.99	-.003	.06	.952	1.00
Sex	-.15	.41	.718	.86	-.44	.40	.273	.65
Income Level	.04	.19	.817	1.05	.04	.19	.811	1.05
Pretest Empathy Score*	.19	.15	.200	1.21	.19	.14	.187	1.21

Note: * Mean empathy score on Attitudes toward Convicted Murderers measure (pretest).

Of the participants in the high empathy group: 38.3% answered “no” and 61.7% answered “yes” at posttest compared to 47.5% answering “no” and 52.5% answering “yes” at followup. Of the participants in the low empathy group: 35.1% answered “no” and 64.9% answered “yes” at posttest compared to 43.4% answering “no” and 56.6%

answering “yes” at followup (refer, Table 13). While not statistically significant, these findings suggest that participants were more willing to engage in social action on behalf of offenders in both empathy groups at posttest than at followup. Furthermore, participants in the low empathy group were generally more willing to engage in social action on behalf of offenders compared to participants in the high empathy group.

Table 13

Willingness to Sign a Petition to Help Offenders Upon Release from Prison at Posttest and Followup

Group Assignment	N	Time	Item Response (%)	
			No	Yes
Low empathy	76	Posttest	35.1	64.9
		Followup	43.4	56.6
High empathy	80	Posttest	38.3	61.7
		Followup	47.5	52.5

“Would you be willing to sign a petition which would advocate for government-funded social programs to provide financial assistance to families of offenders, as well as helping with things like finding steady employment and affordable housing while their loved one is in prison?” A logistical regression was conducted to determine the likelihood of responding Yes (1) or No (0) to the above-referenced question at posttest and followup in order to gage participants’ willingness to engage in social action on behalf families of offenders. At posttest, results of that test were not statistically significant, $b = .25$, $SE = .4$, $p = .537$, and $OR = 1.28$. At followup, results of that test were not statistically significant, $b = .14$, $SE = .35$, $p = .690$, and $OR = 1.15$ (refer, Table 14). These results indicate that group assignment, age, sex, income level, and empathy score on the Attitudes toward Convicted Murderers measure at pretest did not have a significant impact on participants willingness to engage in social action on behalf of families of offenders at posttest or followup.

Table 14

Logistic Regression of Group Assignment by Predicting Willingness to Sign a Petition to Help Families of Offenders at Posttest and Followup

Variable	B	Posttest		OR	B	Followup		OR
		SE	p			SE	p	
Group Assignment	.25	.40	.537	1.28	.14	.35	.690	1.15
Age	.01	.07	.844	1.01	.04	.06	.478	1.05
Sex	-.37	.51	.463	.69	-.30	.42	.480	.74
Income Level	-.09	.22	.691	.92	-.04	.20	.648	.96
Pretest Empathy Score*	.41	.22	.063	1.5	.07	.15	.648	1.07

Note: * Mean empathy score on Attitudes toward Convicted Murderers measure (pretest).

Of the participants in the low empathy group: 24.7% answered “no” and 75.3% answered “yes” at posttest compared to 35.5% answering “no” and 64.5% answering “yes” at followup. Of the participants in the high empathy group: 18.5% answered “no” and 81.5% answered “yes” at posttest compared to 31.3% answering “no” and 68.8% answering “yes” at followup (refer, Table 15). Overall, these findings show that participants were more willing to engage in social action on behalf of families of offenders in both the low and high empathy groups at posttest than at followup. Furthermore, participants in the high empathy group, while not statistically significant, were generally more willing to engage in social action on behalf of families of offenders compared to participants in the low empathy group.

Table 15

Willingness to Sign a Petition to Help Families of Offenders at Posttest and Followup

Group Assignment	N	Time	Item Response (%)	
			No	Yes
Low empathy	76	Posttest	24.7	75.3
		Followup	35.5	64.5
High empathy	80	Posttest	18.5	81.5
		Followup	31.3	68.8

Chapter 5. Discussion

A series of statistical analyses were conducted to answer the question “Can inducing empathic concern increase empathy and motivate desire to engage in social action on behalf of a stigmatized group and their families?” The overall findings of this study were that engaging in this study *did* have a significant impact on the empathy levels of both the high empathy and low empathy group. Empathy levels rose from pretest to posttest for both groups. However, the impact was not long lasting and empathy levels fell to their pretest levels (or lower) from posttest to followup for both groups. Because empathy levels significantly rose and fell for *both* groups, the empathy manipulation did not have its predicted effect of inducing higher empathy levels for the high empathy group than the low empathy group. However, simply engaging in the study *did* appear to have an effect due to the fact that all participants’ empathy levels changed over the course of the study. Furthermore, there did not appear to be a significant relationship between group assignment and willingness to engage in social action on behalf of offenders and their families.

H1: The significant rise *and* fall of empathy.

As a reminder, the Attitudes toward Convicted Murderers measure (refer, Appendix B) was the only measure that measured empathy scores at all three time points – pretest, posttest, and followup. Using the Attitudes toward Convicted Murderers measure made it possible to measure how empathy scores changed over time, which they did, significantly. But, regardless of the significant change in empathy scores over time, expected between-group differences were not found.

The results of a two-way mixed ANOVA confirmed H1's prediction that empathy scores would change over time, finding a statistically significant main effect of time on self-reported empathy levels from pretest to posttest and posttest to followup. However, while engaging in the study did was associated with a statistically significant *increase* in empathy scores from pretest to posttest, the increase was not sustained at followup, causing a statistically significant *decrease* in empathy scores from posttest to followup (refer, Figure 1). Possible explanations for these results are discussed below.

First, I will address the significant *increase* in empathy scores from pretest to posttest. Prior research informed this study's prediction that inducing empathy would significantly increase empathy and reduce stigma toward a highly stigmatized individual and/or group (Batson et al., 1997; Batson et al., 2002; Dovidio et al., 1999; Finlay & Stephan, 2000; Gleichgerricht & Young, 2013; Stephan & Finlay, 1999; Todd et al., 2012; Todd & Burgmer, 2013). However, while it was found that there was a main effect of time, the expected effect of the empathy manipulation was not found because empathy levels rose significantly for *both* the high empathy group and the low empathy group [i.e., empathy scores significantly rose on the Attitudes toward Convicted Murderers measure for the high empathy group from pretest ($M = 2.18$) to posttest ($M = 2.79$) and the low empathy group from pretest ($M = 1.76$) to posttest ($M = 2.43$)] (refer, Table 5 & Figure 1). Why might empathy levels have risen for *both* groups? Possible explanations for these results are discussed below.

Improved attitudes may have been due to cognitive consequences of increased information about the problems Luke was facing at the time that he committed his crime rather than from the empathy manipulation itself. For instance, research has suggested

that persons who demonstrate a better understanding of mental illness are less likely to endorse stigma and discrimination against those suffering from mental illness (Roman & Floyd, 1981; Brockington, Hall, Levings, & Murphy, 1993; Link & Cullen, 1986).

Discussions of changing public stigma against the mentally ill suggest three strategies: (1) protest and advocacy, (2) education, and (3) contact or contact-based education (Corrigan & Watson, 2002; National Academies of Sciences, Engineering, & Medicine, 2016). While much of the research is focused on methods of combatting stigma against those suffering from mental illness, these methods can be applied to combatting stigma against other marginalized groups, such as offenders and their families, as well.

Educational anti-stigma interventions present factual information about the stigmatized condition with the goal of correcting misinformation or contradicting negative attitudes or beliefs (National Academies of Sciences, Engineering, & Medicine, 2016). This study may have enacted the educational aspect of the above-mentioned strategies for combatting stigma by providing more background about Luke's situation in the scenarios read by participants. If this study did activate the educational strategy for combatting stigma, the findings that empathy scores were significantly impacted for both groups would suggest that merely reading about the problems Luke was facing at the time that he committed his crime might have served as an intervention in and of itself, leading to increased empathy for *all* participants rather than just participants in the high empathy group.

Next, I will address the significant *fall* in empathy scores from posttest to followup. Prior research informed this study's prediction that inducing empathy could be used as an effective tool to reduce stigma toward a highly stigmatized individual and/or

group over time (Batson et al., 1997; Clore & Jeffrey, 1972). However, this study's significant fall in empathy scores is not supported by the research used to inform this study; the results of Batson et al.'s (1997) Experiment 3 and Clore and Jeffrey's (1972) experiment found that inducing empathy improved attitudes toward members of a stigmatized group at followup, but this experiment did not. Furthermore, the results of Batson et al.'s (1997) Experiment 3 found that there was only weak evidence for improved attitudes toward murderers at posttest, but strong evidence for improved attitudes toward murderers at followup, but this experiment did not.

The results of this experiment found the opposite of Batson et al.'s (1997) Experiment 3; this experiment *did* find evidence for improved attitudes toward convicted murderers at posttest, but *did not* find evidence for improved attitudes toward convicted murderers at followup [i.e., empathy scores significantly fell on the Attitudes toward Convicted Murderers measure for *both* the high empathy group from posttest ($M = 2.79$) to followup ($M = 2.04$) and the low empathy group from posttest ($M = 2.43$) to followup ($M = 1.77$)] (refer, Table 5 & Figure 1). Why didn't empathy scores improve or at least remain stable in this experiment like they did in Batson et al.'s (1997) Experiment 3 and Clore and Jeffrey's (1972) experiment? Possible explanations for these results are discussed below.

A key methodological difference between this experiment and the experiments that informed this study (Batson et al., 1997; Clore & Jeffrey, 1972) is the methodology of collecting self-reported data from participants at followup. Batson et al.'s (1997) Experiment 3 followed-up with participants 1-2 weeks later, via telephone survey, and Clore and Jeffrey's (1972) experiment followed-up with participants four months later,

via telephone survey, while this experiment followed up with participants 1-2 weeks later, via anonymous Internet survey. Perhaps participants who are followed-up with via telephone are more prone to social desirability bias than participants that are followed-up with via anonymous Internet survey? Reasoning for this proposed explanation is provided below.

It is plausible that the participants of this experiment may have been *less* prone to social desirability bias than participants of Batson et al.'s (1997) Experiment 3 and Clore and Jeffrey's (1972) experiment. Social desirability bias ensues when participants' are unwilling or unable to report accurately on sensitive topics in order to avoid embarrassment and project a favorable image to others, resulting in data that is systematically biased toward participants' perceptions of what is "correct" or socially acceptable (Maccoby & Maccoby, 1954). This phenomenon has been found to occur in virtually all types of self-report measures and across nearly all social sciences literatures (e.g. Levy, 1981; Peltier & Walsh, 1990; Robinette, 1991; Simon & Simon, 1974; Zerbe & Paulhus, 1987). But, what if participants in this experiment were *less* prone to social desirability bias due to participants' self-reported responses being collected at followup via anonymous Internet survey rather than telephone survey. Further justification for this claim will be provided below.

Researchers have speculated that Internet surveys might increase the reporting of sensitive information. Kreuter, Presser, and Tourangeau (2008) confirmed this speculation in their study exploring whether different modes of self-administration varied in their effects of social desirability responding. Participants were randomly assigned to one of three modes of data collection – conventional computer-assisted telephone

interviewing (CATI), interactive voice recognition (IVR), and the Internet – and were asked about both desirable and undesirable attributes of their academic experiences (Kreuter et al., 2008). Kreuter et al. (2008) found that Internet administration increased the reporting of sensitive information. Kreuter et al. (2008) also found increased levels of reporting via Internet represented increased accuracy, finding that not only were Internet respondents more likely to report socially undesirable things about themselves, but they were also less likely to falsely deny them (Kreuter et al., 2008). Kreuter et al. (2008) reported that their overall finding was that the Internet had the highest levels of reporting accuracy and CATI had the worst. If CATI – computer-assisted telephone interviewing – had poor accuracy results, one would imagine that the traditional person-to-person telephone interviewing conducted for Batson et al.'s (1997) Experiment 3 and Clore and Jeffrey's (1972) experiment would have been even more prone to social desirability bias due to its more personal nature. When the findings of Kreuter et al. (2008) are into account, it seems possible that the empathy levels reported in the present study may even be *more* reflective of participants' empathy levels than Batson et al.'s (1997) Experiment 3 and Clore and Jeffrey's (1972) experiment.

Another potential reason for the significant fall of empathy scores at followup is self-image threat. Motivation to maintain a positive self-image has been shown to lead to negative evaluations of stereotyped targets (Collange, Fiske, & Sanitioso, 2009) because self-threat decreases self-esteem (Baumeister & Tice, 1985) and consequently, people engage in strategies to restore their self-esteem and positive self-image. Fein and Spencer (1997) showed that a strategy for restoring self-esteem and positive self-image includes derogating members of a stereotyped group. Ultimately, people may find

stereotyping and prejudice to be an effective way to protect their self-esteem in a frequently threatening world (Fein & Spencer, 1997) and there is no reason to think that the participants of this experiment are any different in terms of feeling internally motivated to preserve their self-worth. Therefore, if engaging in this experiment was associated with participants feeling empathy toward offenders and their families, it may have been associated with them feeling pressure to act on their feelings of empathy. If this feeling was uncomfortable or inconvenient for participants, participants may have reverted to their lesser feelings of empathy in order to preserve their positive evaluations of themselves.

A final explanation I will offer for the fall of empathy scores at followup is Lerner's (1980) just-world hypothesis. The just-world hypothesis purports that people need to believe in a just world, causing them to believe that a person's actions are inherently inclined to bring morally fair and fitting consequences to that person (Lerner, 1980). Evidence that the world may not be just is a threat, causing people to strategize ways to maintain their belief that the world is just (Lerner, 1980; Lerner & Miller, 1978). Participants may have found it important to their worldviews to believe in a just world where people who go to jail deserve what they get. Therefore, if engaging in this experiment was associated with participants feeling empathy toward offenders and their families, participants' belief that the world is just may have threatened, causing them to revert to their lesser feelings of empathy for offenders and their families.

Why didn't the empathy manipulation impact empathy levels? As stated in previous paragraphs, there *was* a significant change in participants' empathy levels over the course of engaging in this study. But, it can be inferred that since *all* participants –

regardless of whether they were in the high empathy or the low empathy group – experienced a significant change in empathy levels, the empathy manipulation *was not* responsible for the significant change in participants’ empathy levels. However, since participants’ empathy levels did significantly change over the course of the study, it can be concluded that simply engaging in this study did succeed in impacting participants’ empathy levels.

One of the puzzling things about the empathy manipulation not having an impact on participants’ empathy levels is that the wording of the empathy manipulation in this experiment replicated the wording of several other experiment’s perspective-taking instructions that had worked previously (Batson et al., 1997; Batson et al., 2002; Clore & Jeffrey, 1972; Coke et al., 1978; Stotland, 1969; Todd et al., 2012; Todd & Burgmer, 2013). That is, participants in the high empathy group were instructed to “imagine what the individual is going through” and participants in the low empathy group were instructed to “remain objective.” So, why didn’t the empathy manipulation have an impact in this experiment as it has in so many prior experiments? Some possible explanations for why the empathy manipulation did not have the expected impact on participants’ empathy levels are explored below.

One possible explanation for the empathy manipulation having no impact on empathy levels is that participants simply didn’t read the instructions. It was mentioned earlier when explaining the rise of empathy levels for *both* groups that merely reading about the problems Luke was facing at the time that he committed his crime might have served as an educational intervention in and of itself, leading to increased empathy for *all* participants. This may be especially true if participants’ skimmed or did not read the

perspective-taking instructions (i.e., the empathy manipulation) before reading their scenarios. This explanation would account for the disparity between this experiment's findings and the findings of prior experiments (Batson et al., 1997; Batson et al., 2002; Clore & Jeffrey, 1972; Coke et al., 1978; Stotland, 1969; Todd, Galinsky, & Bodenhausen, 2012; Todd & Burgmer, 2013). It is particularly likely that participants did not read the perspective-taking instructions (i.e., the empathy manipulation), especially when taking into account that several of the afore-mentioned experiments delivered the intervention in a controlled lab setting.

Another possible explanation for the empathy manipulation having no impact on empathy levels is that this manipulation just wasn't strong enough to overcome people's extreme biases. Attitudes toward stigmatized groups are hard to change: Cognitive strategies based on providing counter-stereotypic or positive information about a highly stigmatized group show limited effects (Rothbart & John, 1983; Weber & Crocker, 1983); behavioral strategies based on cooperative, equal-status, personal contact show positive effects under certain conditions, but such contact is difficult to arrange (Aronson et al., 1978; Brewer & Miller, 1984; Cook, 1985; Wilder & Shapiro, 1989). Even Batson et al.'s (1997) Experiment 3, which this experiment is largely based upon, failed to find a reliable effect of the empathy manipulation at posttest. Batson et al. (1997) wrote that these results "cast some doubt on the ability of perspective-taking induced empathy to improve attitudes toward a highly stigmatized group such as convicted murderers" (p. 115-116). All in all, it is unclear if the empathy manipulation did not have a significant impact on empathy levels because the perspective-taking instructions (i.e., the empathy

manipulation) were ignored or because it wasn't strong enough to overcome the participants' biases against a highly stigmatized group.

H2: All groups were *not* created equal, but they *were* equally empathetic.

Consistent with the findings pertaining to H1, the results of this experiment did not reveal any between-group differences. That is, the results of two one-way between-subjects ANCOVAs did not confirm H2's prediction that empathy scores would change across group assignment because there appeared to be no significant between-group differences of empathy scores on any measure at pretest, posttest, or followup. Although there were no significant between-group differences found, the next few paragraphs will briefly summarize what was found.

While it was not statistically significant, empathy scores did *trend* in the predicted direction [i.e., empathy scores on the Attitudes toward Convicted Murderers measure at posttest were higher for the high empathy group ($M = 2.79$) compared to the low empathy group ($M = 2.43$) and empathy scores on the Attitudes toward Convicted Murderers measure at followup were higher in the high empathy group ($M = 2.04$) compared to the low empathy group ($M = 1.77$)]¹ (refer, Table 1 & Figure 1). Unfortunately, empathy scores on the Attitudes toward Convicted Murderers and their Families (Pt. 1 & 2) measures did not trend in the predicted direction [i.e., empathy scores on the Attitudes toward Convicted Murderers and their Families (Pt. 1)² measure at posttest were lower in the high empathy group ($M = 4.98$) compared to the low empathy group ($M = 5.17$) (refer, Table 8) and empathy scores on the Attitudes toward Convicted Murderers and

¹ The Attitudes toward Convicted Murderers measure is a 1 to 7 scale.

² The Attitudes toward Convicted Murderers and their Families (Pt. 1) measure is a 1 to 9 scale.

their Families (Pt. 2)³ measure at followup were also lower in the high empathy group ($M = 3.06$) compared to the low empathy group ($M = 3.17$) (refer, Table 10).

It is worth noting that the means in this study are significantly lower than in most other studies. Batson et al. (2002) noted that typically the high empathy mean is in the 5 to 6 range and the low empathy mean is in the 3 to 4 range on a 1 to 7 scale (see Batson, 1991; Batson et al., 1997, Experiments 1 and 2). But, in Batson et al.'s (1997) Experiment 3 in which empathy was induced for a convicted murderer serving life without parole and Batson et al.'s (2002) experiment in which empathy was induced for a convicted heroin addict, thief, and drug dealer, means were nearly as low as the present ones [i.e., in Batson et al.'s (1997) Experiment 3, empathy levels at posttest were higher for the high empathy group ($M = 3.18$) compared to the low empathy group ($M = 2.01$) and in Batson et al.'s (2002) experiment, empathy levels at posttest were higher for the high empathy group ($M = 3.88$) compared to the low empathy group ($M = 2.01$)].

Overall, it is difficult to deduce whether the lack of between-group differences is something to do with the experiment itself or something to do with the participants. This researcher suspects that it was a mixture of the two. As far as a potential problem with the experiment, one of the followup measures had a low alpha level [i.e., the Attitudes toward Convicted Murderers and their Families (Pt. 2) measure ($\alpha = .65$)], which may have impacted the accuracy of the empathy scores at followup. If this measure was doing a poor job of measuring empathy levels, the results of this experiment may be skewed. Also, as far as a potential problem with how the participants engaged with the experiment, since this experiment was administered via anonymous Internet survey, there

³ The Attitudes toward Convicted Murderers and their Families (Pt. 2) measure is a 1 to 5 scale.

is no way to know if participants read the perspective-taking instructions (i.e., the empathy manipulation) before reading their scenarios. In which case, I would not expect any significant between-group differences because participants would have skipped the empathy manipulation entirely and would be reacting to the scenario they read as the intervention rather than the empathy manipulation.

H3: Empathy levels did *not* predict willingness to engage in social action.

Since the empathy manipulation *did not* appear to impact empathy levels, it's not surprising that empathy scores *did not* predict willingness to engage in social action. The results of two logistical regressions did not confirm H3's prediction that empathy scores would predict likelihood to engage in social action, suggesting that group assignment (high empathy vs. low empathy) did not impact participants' willingness to engage in social action on behalf of offenders and their families. A central argument of this thesis is that empathy can be used as a tool to evoke altruistic motivation, which may translate to engaging in social action. But, this was not the case. Possible explanations for these findings are discussed below.

One explanation is that more positive attitudes toward a stigmatized group, such as offenders and their families, may be associated with reacting in a variety of ways, which counters altruistic motivation. For example, empathic over-arousal – being overwhelmed by one's own feelings of distress generated from empathizing – might, in fact, reduce motivation to act on this empathic connection (Goodman, 2000). In addition, if empathizing is associated with feeling obligated to engage in prosocial action, it could be associated with feeling that their position of relative advantage is being threatened, effectively reducing altruistic motivation in order to preserve one's self-image (Levine &

Campbell, 1972). Also, if a person feels that they are simply unable to relieve the suffering of another, they may rationalize the failure to engage in social action by derogating or dehumanizing the victim instead (Goodman, 2000).

Expanding on Goodman's (2000) point about derogation or dehumanization, participants may have dehumanized offenders and their families, which could rationalize the nonrelationship between empathy scores and willingness to engage in social action. Smith (2014) defines dehumanization as the psychological stance of conceiving of other human beings as subhuman creatures. Smith (2014) summarizes dehumanization and its negative consequences:

Conceiving of other people as subhuman creatures may underwrite verbally characterizing them as subhuman entities, to result in treating them in morally injurious ways, will result in the denial of personhood, and may inspire behavior that diminishes their human attributes" (p. 3).

Case in point, veterinarian Dr. Debora Lichtenberg (2014) wrote an op-ed piece entitled "Our pets are euthanized humanely – so why aren't death row inmates?" in which she explains how a botched legal injection in Oklahoma revealed the unsettling differences between how we execute humans and euthanize animals. The main point of Dr. Lichtenberg's (2014) article was to assure readers that animals are euthanized humanely by explaining the difference between human lethal injection and animal euthanasia. But, in doing so, she highlights the deeply embedded dehumanization that offenders are subject to, which will be described below.

First, Dr. Lichtenberg (2014) explains that there is no proven, effective, painless and readily attainable drug for human lethal injection due to the fact that drug companies no longer want to be engaged in the lethal injection business, writing "While states are

scrambling to find second-rate drugs and concoctions of drugs to kill people, veterinarians have complete faith and trust in their euthanasia products.” Second, Dr. Lichtenberg (2014) explains that placing a catheter in prison has been a problem for some of these executions with states being secretive about the details of who does it and how it is done, which is unlike when a pet is going to be euthanized and a veterinarian is solely responsible for placing the catheter. Third, Dr. Lichtenberg (2014) explains that the drugs in an execution are given from another room administered by multiple people so that no individual knows that his or her injection is the lethal one, meaning that the executioner is not directly with or monitoring the prisoners, unlike during a veterinary euthanasia where the veterinarian is as close to the patient as possible to make sure the procedure goes smoothly.

No example could be more prudent in exemplifying the dehumanization of offenders as this; the chemical “cocktail” of lethal injection drugs administered to offenders has been deemed cruel and unusual for administration to pets being euthanized. In this study, the fictional convicted murderer named Luke might have been perceived by participants as such an extreme outgroup that Luke was dehumanized. This dehumanization may have been associated with participants seeing Luke and his family as victims deserving of their fates, allowing participants to create distance between themselves and offenders and their families.

Last but not least, this sample was a convenience sample of college students, making the sample inherently privileged. Goodman (2000) wrote that motivating privileged groups (e.g., men, Whites, heterosexuals) in promoting equity is a challenge. If we want people to be engaged in social action, they need to understand that a person’s

plight is not just an individual issue (Goodman, 2000). To reinforce his point, Goodman (2000) paraphrased a passage from former army Ranger, paratrooper, and psychology professor, Lieutenant Colonel Dave Grossman's (1996) book entitled "On killing: The psychological cost of learning to kill in war and society," which describes the sometimes fatal consequences of dehumanization:

When we fail to see our common humanity with people we perceive as different from ourselves, we can more easily ignore their plight. It also allows us to dehumanize others, seeing them as less than human or unworthy of care and respect (p. 1063).

Unfortunately, at present, we live in an unsupportive social context wherein people are encouraged to see victims as "deserving what they get" and empathic abilities and motivation to engage in social action are not widely taught, encouraged, or valued (Goodman, 2000). Participants in this study may have been too far-removed from the experience of Luke to be able to see the connection between their own personal well-being and the well-being of offenders and their families. Several limitations of this study have already been described, in detail, but those limitations had to do with the limitations of people's abilities to break down the stigma barrier due to our deeply engrained beliefs about ourselves, other people, and the world. Next, some more traditional study limitations having to do with study design and sampling will be described.

Study Limitations

As far as the design of this study, repeated measures experimental design has some limitations. Mainly, practice effects can occur (i.e. subjects can become better at a task over time) (Tabachnick & Fidell, 2000). Conversely, participants may become bored or fatigued and become worse over time (Tabachnick & Fidell, 2000). Also, some

issues that may arise during data analysis using mixed randomized ANOVA are independence of errors, unequal sample sizes, normality of sampling distributions, outliers, homogeneity of variance, and sphericity (Tabachnick & Fidell, 2000). These issues can result in sampling bias and inflated rates of Type I error (Tabachnick & Fidell, 2000).

As far as the participants of the study, this study is subject to the same limitations as other experimental designs using convenience samples of college students and cannot be generalized beyond the present context. Research on this topic using a more diverse sample of participants is needed. Also, while administering this study online rather than in-person was easier for both the researcher and the participants, allowing the researcher to gain more participants than if participants were required to come into a lab to participate in the study, the downside is that there was no way to ensure that participants actually read the perspective-taking instructions. If participants did not read the perspective-taking instructions, then participants did not receive the empathy manipulation that the entire study was resting upon. Furthermore, due to the sensitive nature of the topic, social desirability bias and reactions to self-image threat (e.g. degradation and dehumanization of stigmatized groups) may have impacted the results. Taking these limitations into account, some suggested alterations to the present study and directions for future research are described next.

Directions for Future Research

If I were to conduct this experiment again, I would alter several things. First, I would still administer the experiment online, via anonymous Internet survey, but would add a control group that would receive no perspective-taking instructions (i.e., no

empathy manipulation). If the empathy levels of the control group were impacted similarly to the experimental group, then I could reasonably conclude that the experimental group was either not reading the perspective-taking instructions or not being impacted by the empathy manipulation. If this were the case and both the control group and experimental group experienced a significant change in empathy scores, it would confirm that the scenario itself was serving as an educational intervention and responsible for the change in empathy scores rather than the empathy manipulation. I also recommend to other researchers utilizing an empathy manipulation delivered in the form of perspective-taking instructions that a methodology be developed to ensure that participants read instructions in order to ensure that the intervention is being delivered as designed.

Second, if I were to conduct this experiment again, I would recruit a larger sample (not a convenience sample) and randomly assign one half of the participants to be followed-up with via anonymous Internet survey and the other half of participants to be followed-up with via telephone survey. In doing so, it would be possible to compare the results of participants that were followed-up with via anonymous Internet survey compared to participants that were followed-up via telephone survey. If participants that were followed-up with via telephone survey reported more favorable attitudes toward offenders and their families, it might confirm that participants who are followed-up with via anonymous Internet survey telephone survey are less prone to social desirability bias.

With regard to the issue of certain data collection methods being more prone to social desirability bias, there is research showing that social desirability bias can be quelled by constructing indirect (rather than direct) questions when designing measures

(Fisher, 1993). Fisher (1993) purports that face-to-face interviews, focus groups, or even telephone interviews may induce feelings of low anonymity that exert a strong bias on directly worded questions. Further research into designing measures that reduce social desirability bias is recommended in order for researchers to continue to explore “tough topics” without producing skewed or inaccurate data.

Third, if I were to conduct this experiment again, I would edit how and what measures are administered. As far as how measures are administered, I would administer *all* measures at pretest, posttest, and followup [except for the Attitudes toward Convicted Murderers and their Families (Pt. 2) measure, which I would take out of the study entirely, due to its low alpha level]. I would also ensure that all measures had the same Likert scale ranges (e.g., all scales would range from 1 to 7) so that empathy scores could be more easily compared over time. As far as what measures are administered, I would add a measure that measured just world attitudes and incorporate something into the empathy manipulation that would serve to more explicitly draw a connection between the participant and the stigmatized subject.

Regarding future directions for research, I generally recommend more research exploring ways to humanize highly stigmatized groups, such as offenders. In particular, I recommend research that attempts to humanize offenders by utilizing the concept of family in order to draw a personal, and potentially more meaningful, connection between participants and offenders. No matter who you are or where you come from, everybody has *some type* of family or support system. I still believe that stressing the offender’s connection to their families and drawing the parallel between our connections to our own families could be successful in increasing empathy and reducing stigma (and maybe even

instilling the desire to engage in social action). Unfortunately, since the family manipulation in this experiment was not successful, I was not able to quantify this claim, but I urge other researchers to continue this work and explore this solution to reducing stigma by increasing empathy and emphasizing personal connection.

Lastly, most research on empathy and altruistic or prosocial behavior is confined to studies of participants responding to someone's distress in some type of a lab setting. These lab settings can be subject to poor external validity and also are very vulnerable to social desirability bias. Future research is recommended on empathic concern and its potential to motivate helping behavior in settings more representative of the real world.

Furthermore, empathy research usually measures helping behavior with a single act that will suffice to alleviate someone's immediate distress, but there is a difference between using empathy to motivate altruistic or prosocial behavior and using empathy to encourage social activism (Goodman, 2000). Hoffman (1989) defines prosocial activism as "sustained action in the service of improving another person's or group's life condition by working with them or trying to change society on their behalf" (p. 65). In order to really do this, it is important that we, as researchers, encourage people to see beyond a single act that will temporarily alleviate someone's distress so that we might support societal changes in order to improve the lives of those who face systemic victimization. More research is recommended to see if empathy toward an individual leading to an individual helping act can be translated into greater awareness of systemic victimization.

Chapter 6. Conclusion

The findings of this study are meant to enlighten us on what we can do to decrease the stigmatization of stigmatized groups and their families in order to increase

social action on behalf of that group. I began this study with the belief that, ultimately, there is not much point in increasing empathic concern if it doesn't benefit the group in some way. But, the results of this study have revealed that it's going to take more than a quick intervention to change people's longstanding, deep-seeded, attitudes and that the relationship between empathic concern and desire to engage in social action on behalf of a stigmatized group may be a much more complicated one than I anticipated. While I still believe that behavior isn't unchangeable, I no longer endorse the belief that inducing empathy by having participants read perspective-taking instructions followed by a short paragraph will produce lasting attitudinal changes resulting in social action. The results of this experiment suggest that even short-term interventions delivered in the real world, such as half-day workshops, briefly running public service announcements, etc. may not have long lasting impacts on the individuals receiving the intervention. Rather, there needs to be calculated, steady, repeated, exposure to interventions designed to alter attitudes over the long term. If this study can contribute anything to this field, I hope it can show that there is no "quick fix" when it comes to altering attitudes.

Also, I believe that incurring empathy for such a highly stigmatized group cannot be achieved without looking at how people, generally, understand crime: Do they see it as a structural issue or as an issue that lies within the person committing the crime? The general public does not take into account the ecology of a stigmatized person's life, making it very difficult to connect empathetically to that person. If the general public is still prescribing to the "bad apples" over "bad barrels" perspective on crime and incarceration, we are very far from understanding why people end up incarcerated and

even farther away from being able to empathize and see ourselves in the situation of offenders and their families.

I still believe that stigma against offenders and their families is a significant barrier to support for the creation of grounding interventions. Policy changes must address the needs of felony offenders and their families. Unfortunately, societally, we treasure individuation, which prevents us from clearly seeing our interconnectivity; *that my well-being is linked to every other person's well-being*. Individual-level thinking will not produce positive change. Ultimately, there can be no systems-level change without systems-level thinking. Unpopular groups do not exist in vacuum – they are connected to networks of people who are connected to communities; their misfortune is our misfortune. We have a lot more work to do.

Appendices

Appendix A

University of Hawai'i at Mānoa

Consent to Participate in Research Form

My name is Sophie A. Gralapp. I am a graduate student at the University of Hawai'i at Mānoa (UH Mānoa). As part of the requirements for earning my graduate degree, I am doing a research project. The purpose of my project is to evaluate if the induction of empathic concern can motivate the desire to engage in social action on behalf of offenders and their families. I am asking you to participate in this project because you are at least 18 years old and you are enrolled as a student at UH Mānoa.

Project Description – Activities and Time Commitment: This study is a two-part online survey comprised of three surveys. The first part of the study will be administered through Qualtrics.com for partial Sona Systems credit (1 credit). The second part were administered one to two weeks later through Qualtrics.com for the remaining Sona Systems credit (2 credits). If you decide to take part in this project, you were asked to read a scenario in which an individual reflects on committing and being convicted of a serious crime. Following reading the scenario, you were asked to fill out three surveys. The survey questions will ask you to respond to how much you agree or disagree with statements (e.g., on a scale of 1 = strongly disagree to 9 = strongly agree). Completing the survey will take approximately 20 minutes. I expect around 300 people will take part in this project.

Benefits and Risks: There will be no direct benefit to you for taking part in this project. The findings from this project aim to discover a way to successfully decrease stigma against disliked groups and their families with the greater goal of increasing their access to community-based services and improved policies. There is little risk to you in participating in this project. All information you provide will remain confidential. If you have any reason why you should not participate, please inform the experimenter and the study will end now.

Confidentiality and Privacy: I will not ask you for any personal information, such as your name or address. Please do not include any personal information in your survey responses.

Voluntary Participation: You can freely choose to take part or to not take part in this survey. There were no penalty or loss of benefits for either decision. If you do agree to participate, you can stop at any time.

Questions: If you have any questions about this study, please call me at (808) 554-3810 or email me at gralapp@hawaii.edu. You may also contact my adviser, Dr. Ashley Maynard, by telephone at (808) 956-7343 or email her at amaynard@hawaii.edu. If you have questions about your rights as a research participant, you may contact the UH Human Studies Program at (808) 956-5007 or email them at uhirb@hawaii.edu.

To Access the Survey: Please go to the following Internet page: (no URL yet, but will insert here). You should find a link to the survey and instructions for completing it. Completing the survey was considered as your consent to participate in this study.

Please print a copy of this page for your reference.

Appendix B

Attitudes toward Convicted Murderers

Pretest Instructions: For each of the following adjectives, report how much (1 = not at all, 7 = extremely) you experience this emotion in response to the words “**convicted murderer.**”

Posttest Instructions: For each of the following adjectives, report how much (1 = not at all, 7 = extremely) you experienced this emotion in response to reading about Luke.

Followup Instructions: For each of the following adjectives, report how much (1 = not at all, 7 = extremely) you experience this emotion in response to the words “**convicted murderer.**”

Sympathetic	Hope	Warm	Loving
Angry	Fear	Evil	Shame
Joyful	Soft-hearted	Supportive	Moved
Anxiety	Pessimistic	Frustration	Disgruntled
Compassionate	Respectful	Tender	Depressed
Sad	Jealousy	Embarrassed	Serene

Appendix C

Attitudes toward Convicted Murderers and their Families (Pt. 1)

For each of the following statements, report on a scale of 1 to 9 (1 = strongly disagree, 9 = strongly agree) **how much you agree or disagree** with the statements.

1. Convicted murderers have no one to blame but themselves for their troubles. (*1 = strongly disagree, 9 = strongly agree*)
2. Anyone who commits murder must be inhuman. (*1 = strongly disagree, 9 = strongly agree*)
3. Anyone who commits murder should be punished to the full limit the law allows for his or her crime. (*1 = strongly disagree, 9 = strongly agree*)
4. No one would commit murder unless he or she had a moral or mental deficiency. (*1 = strongly disagree, 9 = strongly agree*)

For each of the following questions, report on a scale of 1 to 9 (1 = not at all, 9 = very much) **how much you personally care** about the plight of convicted murderers and their families.

5. How much do you personally care about the plight of convicted murderers serving life without parole? (*1 = not at all, 9 = very much*)
6. How much do you personally care about the plight of convicted murderers families serving life without parole? (*1 = not at all, 9 = very much*)

For each of the following questions, report on a scale of 1 to 9 (1 = not at all important, 9 = extremely important) **how important you feel** improving conditions for convicted murderers and their families is.

7. Compared with other social problems we face today (e.g., homelessness, education, drugs, AIDS, environmental protection, energy conservation), how would you rate the importance of improving conditions for convicted murderers? (*1 = not at all important, 9 = extremely important*)

8. Compared with other social problems we face today (e.g., homelessness, education, drugs, AIDS, environmental protection, energy conservation), how would you rate the importance of improving conditions for the families of convicted murderers? (*1 = not at all important, 9 = extremely important*)

For each of the following statements, report on a scale of 1 to 9 (1 = strongly disagree, 9 = strongly agree) **how much do you agree or disagree** with the statements.

9. Our society should do more to rehabilitate and educate convicted murderers. (*1 = strongly disagree, 9 = strongly agree*)
10. Our society should do more to assist families of convicted murderers. (*1 = strongly disagree, 9 = strongly agree*)

For each of the following questions, report on a scale of 1 to 9 (1 = extremely negative, 9 = extremely positive) **how negatively or positively you feel** toward convicted murderers and their families.

11. In general, what are your feelings toward convicted murderers? (*1 = extremely negative, 9 = extremely positive*)
12. In general, what are your feelings toward family members of convicted murderers? (*1 = extremely negative, 9 = extremely positive*)

Additional measure: Social Action Questions

13. Would you be willing to sign a petition which would advocate for a government-funded social program to help offenders find steady employment and housing upon release from prison? (*Yes or no*)
14. Would you be willing to sign a petition which would advocate for government-funded social programs to provide financial assistance to families of offenders, as well as helping with things like finding steady employment and affordable housing while their loved one is in prison? (*Yes or no*)

Appendix D

Attitudes toward Convicted Murderers and their Families (Pt. 2)

For each of the following statements, report on a scale of 1 to 5 (1 = strongly disagree, 5 = strongly agree) **how much you agree or disagree** with the statements.

1. Prisoners are already allowed too much freedom (visitation, time spent outside cell, TV, etc.). (*1 = strongly disagree, 5 = strongly agree*)
2. It is inhumane to make prisoners spend extended periods of time in a small room like a prison cell. (*1 = strongly disagree, 5 = strongly agree*)
3. Murderers should have the same rights and privileges as other criminals in prison. (*1 = strongly disagree, 5 = strongly agree*)
4. Convicted murderers should not have any education and rehabilitation opportunities. (*1 = strongly disagree, 5 = strongly agree*)
5. Families of convicted murderers should not have access to any governmental assistance while their loved one is in prison. (*1 = strongly disagree, 5 = strongly agree*)

For each of the following questions, report on a scale of 1 to 5 (1 = very bad, 5 = very good) **how bad or good you feel** toward convicted murderers and their families.

6. In general, what are your feelings toward convicted murderers? (*1 = very bad, 5 = very good*)
7. In general, what are your feelings toward the families of convicted murderers? (*1 = very bad, 5 = very good*)

Additional measure: Social Action Questions

8. Would you be willing to sign a petition which would advocate for a government-funded social program to help offenders find steady employment and housing upon release from prison? *(Yes or no)*
9. Would you be willing to sign a petition which would advocate for government-funded social programs to provide financial assistance to families of offenders, as well as helping with things like finding steady employment and affordable housing while their loved one is in prison? *(Yes or no)*

Manipulation Check

10. Did you read about an individual with or without a family? *(Yes or no)*
11. Were you instructed to remain objective when reading about Luke or imagine what Luke was going through?

Appendix E

Demographic Information Form

Instructions: Please provide a response for each of the following questions:

1. What is your age? _____

2. What is your sex?

Female ☐ Male ☐ Transgender ☐ Other (please specify) _____ ☐

3. What is your relationship status?

Single ☐ Unmarried Couple/Cohabiting ☐ Married ☐
Separated ☐ Divorced ☐ Widowed ☐

4. How would you describe your family's income level?

Low income ☐ Middle-low income ☐ Middle income ☐
Upper-middle income ☐ High income ☐

5. How many children under 18 years-old live in your household?

None ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐

5. What is your ethnic background (mark all that apply)?

African American/Black <input type="radio"/>	Alaskan Native <input type="radio"/>	American Indian/Native American <input type="radio"/>
Asian Indian <input type="radio"/>	Caucasian/White <input type="radio"/>	Chinese <input type="radio"/>
Filipino <input type="radio"/>	Hawaiian <input type="radio"/>	Hispanic <input type="radio"/>
Japanese <input type="radio"/>	Korean <input type="radio"/>	Latino/a <input type="radio"/>
Micronesian <input type="radio"/>	Middle Eastern <input type="radio"/>	Pacific Islander, other _____ <input type="radio"/>
Portuguese <input type="radio"/>	Puerto Rican <input type="radio"/>	Samoan <input type="radio"/>
	Unknown <input type="radio"/>	Other (please specify) _____ <input type="radio"/>

6. Have you had contact (e.g., arrested, incarcerated, found guilty of a crime) with the legal system?

Yes ☐ No ☐

7. Do you know anyone who has had contact with the legal system (e.g., arrested, incarcerated, found guilty of a crime)?

Yes ☐ No ☐

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